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Community Action in an Appalachian County

The Employed Mother and Family Support

Obstacles to Community Information Systems in Health and Welfare

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Community Action in an Appalachian County | Slower But Surer?

Paul Street

Descriptions in dozens of books about Appalachia and the problems peculiar to its people can be applied to the men, women, and children of Knox County, Ky. Located on the western fringe of the mountains, but well into them, Knox County is predominantly rural and its residents are isolated by geography and economics from the mainstream of American life. Agriculture and coal mining are its economic mainstays, and neither makes the area flourishing. Many public and voluntary agencies have been trying to help Appalachians overcome the shortcomings of their lives. Public agencies have been particularly active since the Office of Economic Opportunity (OEO) was established several years ago. In Knox County one of OEO's strongest efforts has been a community action program, which began operating in 1965. The Knox County project is not only one of the earliest community action programs in the country for rural areas, it is also one of the most ambitious, representing an investment of some $2.8 million during the first 3 years of operation. An evaluation of the effects of the program on the people of the county in those first years is the subject of this article.

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This article is based on a study directed by Dr. Street under Contract No. 693 between the Office of Economic Opportunity and the University of Kentucky Research Foundation. The contract report was produced in 13 units by different members of the study team. The 13 units and their authors are as follows: Unit 1: Introduction and Synthesis, *Paul Street; Unit 2:* Economic Progress in an Appalachian County: The Relationship Between Economic and Social Change, *Lowndes F. Stephens; Unit 3:* A Selective Description of a Knox County Mountain Neighborhood, *Stephen R. Cain; Unit 4:* Family Life Styles, Social Participation, and Socio-Cultural Change, *James W. Gladden; Unit 5:* Poverty, Participation, and Political Socialization: A Study of the Relationships Between Participation in the Community Action Program and the Political Socialization of the Appalachian Child, *Herbert Hirsch; Unit 6:* The Youth Development Program, *Morris K. Caudill; Unit 7:* Modernization of Life Styles, *Lewis Donohew and B. Krishna Singh; Unit 8:* Leadership and Community Relations, *Willis A. Sutton, Jr.; Unit 9:* The "Image" of the Knox County Community Action Program, *Ottis Murphy and Paul Street; Unit 10:* The Knox County Economic Opportunity Anti-Poverty Arts and Crafts Store Project, *Ottis Murphy; Unit 11:* The Early Childhood Program, *Paul Street and Linda Tomes; Unit 12:* The Health Education Program, *Paul Street; and Unit 13:* Recent Home Construction in Two Appalachian Counties, *Thomas P. Field, Wilford Bladen, and Burtis Webb.*

The Knox County community action project

In 1964 the Knox County Development Council, an organization made up of civic leaders interested in community development, was reconstituted under a revised charter to become eligible for OEO grants and took the name of Knox County Economic Opportunity Council. Primarily, its program of community action under OEO grants is aimed at attacking rural poverty. Some 14 community centers, placed in refurbished schoolhouses or former residences, are scattered about the county. All except two are "up hollows"—close enough for most people to get to yet far enough away to pull them out of their little neighborhoods. All centers have central heating, modern kitchens, and indoor plumbing and sanitation facilities. They are intended to serve as models of home improvement for the community; and local men, often volunteers or participants in the work experience and training program supported by the U.S. Department of Labor, were used in the construction work.

One room in each center is set aside for an early childhood program (a kindergarten program for children from poor families, now part of Head Start) and furnished with kindergarten play and work equipment. Other rooms are used for group meetings, recreation, reading, and such activities as quilting and weaving. Besides the early childhood program, which the county council "feeds out" from its central office, center programs include or have included a family development program (which emphasizes building or improving housing), a development program for young people (which emphasizes academic tutoring in the centers and

a countywide recreation program), and a health education program (which emphasizes health services through a mobile unit rotating among the centers). Each center has a director, a director for the early childhood program, a cook to prepare hot lunches for the children, and special aides as needed for the various programs generated by the county council. These aides include professional persons, local paraprofessional and volunteer workers, and VISTA Volunteers (Volunteers in Service to America).

In addition to concrete programs, the centers are used to extend and enlarge the social, political, and cultural horizons of the people of the county. At the centers local people organize action groups and select officers and delegates to a county council. They attend formal conferences on community problems and plans. In these conferences they make decisions and set them in motion, and in them struggle for power within the center and within the county organization—particularly with the county council and its managerial staff.

The community centers are an essential part of the Knox County program to combat poverty. From them, theoretically at least, the "tentacles" of the program are extended to encourage, lead, entice, and even coerce isolated rural people to join the outside world. Such is the program the University of Kentucky began to evaluate in the fall of 1965.

Justification for rural community action programs

Community action programs in both rural and urban areas have many theoretical justifications. One theory behind them is that poverty is basically a problem within the people who are poor—that is, it lies in their faulty attitudes and viewpoints, in their false perceptions of themselves and of others. Another theory is that poor persons do not act to alter the harsh conditions of their lives because they have few opportunities to make decisions about matters that affect their lives: the man who knows he is making decisions that will affect his life will act on those decisions. Lewin's experiments with group processes, demonstrating the difference between group discussion and lecture as means of generating changes in attitudes and, consequently, in behavior, illustrate that personal involvement makes the difference.[1] Lerner's work in development implies that only to the extent that people are able to project themselves "outside their own skins," to become "other people," and to see themselves in roles other than their own can change essential to social and economic development take place.[2] Such studies provide the model for OEO's community action program.[3]

Community action, therefore, in theory is a "conspiracy" against the more intangible elements of poverty, a subtle attempt to poison its roots and to persuade the poor to seek their own way out of poverty. It is an attempt to resolve the eternal dilemma of how to help the poor without creating more dependency. It recognizes that poverty of the pocketbook is usually accompanied by poverty of the spirit.

The study of the Knox County community action program was based on the assumption that rural poverty has at its root the isolation of people from the mainstream of society. Variables related to that isolation are interrelated and constitute a *conspiracy of forces.* The typical rural poor person is culturally, politically, and socially provincial; he has cut himself off from—or let himself be forgotten by—more affluent persons. If he could be moved to identify himself with the larger society, could be brought to feel himself and his group actually part of it, and could be induced to adopt some of its standards and pursue some of its goals, he would free himself from poverty.

The study design

The study took before- and after-measures by interviewing household heads and homemakers (husbands and wives) chosen at random in selected rural areas where the community centers were operating (experimental areas) and other areas selected for having residents as similar as possible in cultural and economic development but not being served by centers (control areas). *Before* meant as soon after the center was set up as the study teams could get in for interviewing; *after* meant 2 years after the first interviews. In addition, center directors rated center participants quarterly for the degree to which they took part in center activities so that samples could be sorted into *low* and *high* participating groups for comparing measurements.

Measures were also taken of young people, by group interviews in the schools. The instruments used included inquiry into their knowledge of, attitude toward, and participation in both community center activities and the development program for young people. They also were classified as *high* or *low* participants, according to the results.

The study was concerned, primarily, with only those parts of Knox County providing samples of rural poverty. Sampling was restricted to areas selected accordingly.

To develop a theory justifying community action on which to base the study, a staff member combed the literature for the broad methods of fighting poverty and found these three models[4]:

The **missionary-education** model: the poor need help through basic education as well as through occupational training, and such help must be provided by those who are not poor.

The **poor power** model: the poor are poor because they do not value themselves–because they are "beaten," lack self-assurance and the aspirations that generate achievement. They need to discover their power. They must be led to form a militant, aggressive poor block to win battles for themselves.

The **communitywide forum** model: given the goal of community improvement, the poor and the rich–and those in between–can and will work together, learn from each other, and find solutions to the problems of poverty.

The study tried to define the character of the Knox County program by these models, using both direct observation of activities and the judgments of community and program leaders.

The three models are not "pure," of course; in fact, only in extreme examples do they take clear shape. But when VISTA workers got the people using the centers to look at the high prices merchants were charging, the poor schools their children were attending, and the poor roads and other services their county government was providing, they were "educating"–model 1. When through center activities people were inspired to deliver a militant statement of their grievances in a handbill to the public, the action was poor power–model 2. And when county leaders–indeed, the elected leaders of the very county council that had fathered the program and was indirectly responsible for generating the militancy directed at some of its members–met with those who had delivered the handbill to discuss the issues and to arrive at compromises on the action requested, community forum was at work–model 3.

In Knox County the "maximum feasible participation" appeared operationally as a combination of the three models. At times, of course, the program leaned toward one or another of the models.

Measuring program success

The study measured the success or failure of the community action program in Knox County by seeking answers to these questions: Did the poor become involved? Were the programs on target? Were group alignments affected for the better? Did the people in the area, both rich and poor, learn to accept "outsiders?" Did the program change people? Was the lot of the people improved? Did the poor become more self-sufficient? The answers to these questions suggest the extent to which the program failed or succeeded in the 2 years covered.

Did the poor become involved? A staff member of the study closely followed the program, chronicled its events, and observed and recorded the struggles for control and the resulting alignments. He interviewed county leaders, including leaders of the poor, gathering their views and observations to verify his own. In addition, he gathered information from householders in areas served by the community centers and compared it with that obtained from householders in other areas.

In a 2-year interval during the program, people living in the areas served by the community centers became more conscious of the leadership in the county and took part in more meetings in which they dealt with more decisive issues. On the average, respondents could individually name more leaders than at the beginning of the study, but they named the same leaders more often so that they named fewer in all. This finding suggests that they had become involved in community activities to some degree, either directly or through diffusion of the program, and had become more aware of who was actually running the county.

Interviews with county leaders supported the observation that the program had not basically changed the leadership of the county except, perhaps, to clarify who were the leaders and to narrow the leadership base. Those interviewed as leaders had been named as leaders in the first round of interviews with householders. They in turn named other leaders (or, frequently, each other). In the final round of interviewing, the leaders first named most frequently were still named the most frequently, but the frequency with which other names were mentioned dropped off. The leaders themselves reported that the community action program had affected the basic structure little. The real leaders, it seemed, had consolidated their positions and were more firmly established than before. There was a shift from the naming of branch office or agency executive members as leaders toward naming more persons from stable low income groups as well as more poor persons.

Was the program on target? The findings suggest that measurable involvement did take place; that, in a sense,

tne poor people of rural Knox County were not only "educated" a little regarding the practical aspects of the decisionmaking process of the county (model 1), they also became, at least in small measure, a force to be reckoned with (model 2). Furthermore, they were vicariously and actually more involved in the decision-making process (model 3).

Nevertheless, though the program may have reached the target generally, it did not hit the bull's eye. Almost a third of those living in the areas the community center directors had defined as those their programs were expected to serve reported, after more than 2 years of the program, that they had never heard of the centers and could not identify them when suggestions of persons, events, and locations were offered.[5] These persons were significantly different from those familiar with the centers in that they lived farther from the centers, were older, and had less education, employment experience, and income—in all respects except age the very people the program was meant to involve!

Were group alignments affected? Group alignments were not basically affected, despite an effort to inject a new force into the pattern by organizing a "poor power" block and generating a militant and aggressive dynamic force representing the poor.[6] True, some of the area's poor people genuinely supported the drive to organize the United Appalachian Communities (UAC), a movement started by advocates of militant action to place control of OEO funds and programs in the hands of the persons they were meant to serve.[7] Likewise, some of the persons who took part in the handbill incident, and later in a school boycott, were earnestly given to the idea. Yet there is strong doubt that lacking outside leadership any of these efforts would have been made. This conclusion is based on information gathered by observation and interview. It is supported directly by our study of a county project and indirectly by a staff member's descriptions of a head-of-the-hollow community.

The study concludes that instead of the community action program introducing a new alignment of leaders, it was swallowed by the old ones. Instead of becoming an independent force, it became a tool for one group or a bone of contention for others. The power struggle over the removal of a community center director and the selection of his successor, for instance, was not over whether the candidate had or did not have the proper job qualifications—this point was considered only because of OEO requirements—but rather over whether the existing groups or the new groups would select the replacement.[8]

The big obstacle to a cooperative, countywide arts and crafts store project was the divisive contentiousness of the "ins" and the "outs" of the community, groups established long before the OEO programs were started. Though, as the study was completed, the project seemed to have accomplished some effective cooperation, there were signs that some of the people were ready to use the program for their own ends rather than to take part in it for the common good.

Did the people accept outsiders? The Knox County people served by the centers were defensive about and suspicious of outsiders yet were eager not to offend and to avoid situations in which opinions came into disagreement. But "native" factions usually allied with each other when outsiders "intruded."[9]

The program came close to crisis when the matter of insiders and outsiders was brought to a head over the election of a director for the county program after the original director moved up to head the multicounty organization. All members of the county council, whatever their economic condition, agreed on a Knox County man as his successor, though the man was working outside the county. OEO's Washington office vetoed the selection after staff members of the multicounty office ("outsiders") protested about the man's qualifications. An impasse followed, though the local people eventually capitulated to the OEO ruling and an "outsider" was appointed as being better qualified than the "insider."

The antagonism that followed was only antecedent to the differences that more and more emerged between the area staff and county organizations. When the multicounty director, himself an "outsider," insisted that staff members of the Knox County centers be given pay for the time they took off from their regular assignments to promote the UAC, local people, again without regard to economic status, on the county council stood together in viewing such an allowance as *corruption.* The identification of UAC as something promoted by outsiders is a possible explanation of its failure. Such incidents apparently contributed ultimately to the dismissal of the multicounty administrator, an event viewed locally as a victory over outsiders.

More than 40 percent of the respondents in interviews withheld judgment regarding the use of outsiders in the program—a response suggesting their reluctance to be critical of other people.[10] Some 20 percent thought that outsiders had been of little or no use; some 38 percent said they had worked well or fairly well. VISTA

people were specifically judged more reluctantly but severely—nearly 44 percent of the persons questioned withheld judgment—but 25 percent called VISTA efforts "bad" or of "little or no use." Another outside group, the Encampment for Citizenship, made up of young people from outside who came to work in the centers in the summer of 1966, had apparently almost been forgotten when the poll was taken—nearly 72 percent of the people questioned withheld opinions and almost equal proportions (about 14 percent for each) disapproved or approved.

Even the brusque, businesslike methods of the central county OEO staff, generally in wide contrast in its directness to the informal, neighborly, perfunctory, and confrontation-avoiding manner of rural mountain people, may have been an obstacle. A group of Knox County residents were quite bewildered when their "local son's" candidacy for a center directorship, which they had promoted indirectly, was flatly rejected and they found that they had been expected to present his candidacy squarely to the program director. Neither they nor the OEO staff seemed to understand the other's view.[11]

The fact that many people dedicated to helping the poor are actually rejected emerges as an important consideration in programs for training workers. The study findings point up the necessity for the outsider to respect the culture of local people, not just by being polite, considerate, and moderate in dress but also by deference to the mores of the culture, particularly, in Appalachia, the tendency to avoid direct confrontation. Regarding OEO's image, the study found that respondents were strongly negative in assessing the value of the entertainment activities at the centers—usually cards, folk dancing, and the like. The findings suggest that poverty workers who attempt to confront the poor in their home area with locally unconventional religious or intellectual views are likely to be generally ineffective.

Did the program change people? As a fundamental part of the evaluation, the study gathered data from householders concerning a wide range of variables related to "modernity."[12] Such attitudinal variables as empathy (adaptability, readiness to project oneself into the role of another and into another setting), dogmatism, alienation (separateness from others, defensiveness, suspiciousness, and wariness toward society generally), and willingness to accept changes characteristic of modern living were measured, particularly those promoted in OEO's specific programs such as good health practices, home improvement, and higher educational and employment aspirations. The findings are that persons living in areas served by the centers, as compared with similar persons living in other areas, moved significantly (in the 2 years between interviews) in their attitude patterns toward those characterized as "modern." At the same time, those who had taken part more in community center activities, as reported by center directors, moved in the direction of "modernity" more than those who had not. See the tables.[13]

In measuring the attitudes and knowledge of young people, the results were less clear but of the same tendency.[14] The young persons who took part in center activities were more inclined to take part in such other activities as 4-H clubs or athletics. They were taking part in a wider range of activities in the county—presumably a "modernity" tendency—but their actions were not linked to the OEO program. Vocational aspiration levels went down—suggesting that the young people were more practical than before—and, paradoxically, their empathy and alienation levels went up. Perhaps with "modernity" came a higher level of aspiration, a broadening of community horizons, an openness to change—but also a loss of naivete, a sophisticated guardedness, and the frustration of disillusionment when a higher standard is brought to awareness but left beyond reach.

Was the lot of poor people improved? Measures of changes in living standards by such indicators as the use of telephones, mass media, appliances, and running water and higher income were taken.[15] The use of all items went up, but employment levels went down and more persons became dependent on transfer payments (public assistance and pensions). But there was a movement, more long run than immediate, for economic growth.

A striking improvement did appear, however, in the rise in new low-cost housing of the type promoted by the community action program. In a comparison between Knox and Clay Counties (Clay had no comparable community action program though it was a comparable neighborhood), the study found that 60 new houses of the C and D classifications (valued between $4,500 and $7,500) had been built in Knox County under the Federal Housing Authority program between 1965 and 1968 but none of these classifications had been built in Clay County. This finding suggests that the community action program had had a significant effect on the living standards of the lower income group particularly.

Did the poor become more self-sufficient? The findings about decreased employment and the rise of transfer

payments are discouraging. Success may depend on whether people want a change in their way of life, and until they do they cannot be expected to change it by their own efforts, for community action is not especially aimed at immediate economic improvement. Nevertheless, the findings suggest that the program has laid the foundation for economic improvement.

Many people were asked these direct questions: Do you think the OEO community action program has made poor people better able to take care of themselves? Has it made them more dependent upon government? Or has it made any difference on this point? Of those who knew about the program, 42 percent said OEO had made people more independent; 26 percent said that it had created more dependency; and the others either offered no opinion or said that it had made no difference.

Certainly no definite answer is possible, especially considering the short term of the study. The launching of a job-training program and the construction of an arts and crafts center for training local people in handicrafts and for selling their products offered promise as the

Table 1. Changes between time 1 and time 2 toward more modernity in neighborhoods, in semimodern types of persons, measured at statistically significant levels

Variables	Neighborhoods					
	Communities without centers		Communities with new centers		Communities with older centers	
	A	B	C	D	E	F
Socialization						
Frequency of visiting	-*	-*		-*		**
Number of persons visited	**	**	*			
Church participation			*			
Frequency of trips to town						
Political knowledge	-*					*
Political efficacy	**	-*		-**		
Use of neighbors, family, and friends for information	-*			**	**	**
Use of school information				**	**	**
Aspirations and attitudes						
Schooling wished for son					*	
Schooling wished for daughter	-*		*	**		
Vocational aspiration		*				
Dissatisfaction with lot			**	**		
Empathy				**	*	*
Dogmatism		*	**	**		*
Acceptance of adult education	**	**	*	**	**	**
Acceptance of work-study program		-*			*	**
Acceptance of Head Start					**	**
Levels of living						
Family income	-*	**				
Source of income (scaled welfare or nonwelfare)						
Condition of dwelling			**			
Appearance of yard						
Adoption of model homes idea	**			**	*	**
Adoption of landscaping, home beautification	*		*		*	**
Adoption of birth control idea	*			**	**	**
Adoption of complete modernity scale	**	**	**	**	**	**
Communications						
Listening to radio						
Consumption radio—public affairs content						
Watching television						**
Attending motion pictures						
Consumption newspaper—public affairs content			*			
Consumption television—public affairs content		**		**	**	**
Consumption magazine—public affairs content			**		*	
Use of newspaper for information				**	**	**
Use of radio for information	*			**	**	**
Use of television for information				**	**	**

**Equal to or below .05.* ***Below .01.* *Source: Lewis Donohew and B. Krishna Singh, "Modernization of Life Styles": Unit 7,* Community Action in Appalachia, *p. 71.*

study ended. It is a step consistent with the implied recommendations of the study—but the obstacles represented by local factionalism and alienating provincialism must be weighed against the gains substantiated in the study before judging the outlook.

The final question: Is community action the way?

It is my hope that the experiment with community action in Eastern Kentucky will not be abandoned, at least not yet. The Knox County program, as of the completion of the study in September 1968, had partly succeeded and partly failed. But judgment must be made only with the recognition that the task of community action is very difficult: the people it is meant to reach are those whom existing institutions and forces—the school, the church, social reform movements, and the national tradition of self-sufficiency—or even high-powered advertising—have been unable to rescue from poverty. In Knox County, of 39 poor families who participated in the program and 56 who did not, those who did had had money problems over a longer time, fewer social contacts, and were less mobile—suggesting that the program did penetrate isolated poverty to a degree.[16]

Table 2. Changes between time 1 and time 2 toward more modernity in neighborhoods, measured at statistically significant levels

Variables	Neighborhoods					
	Communities without centers		Communities with new centers		Communities with older centers	
	A	B	C	D	E	F
Socialization						
Frequency of visiting		-**		-*	-#	**
Number of persons visited	**	**	**	**	**	**
Church participation	-#		#			
Frequency of trips to town		-#			**	
Political knowledge	*	#		*	**	**
Political efficacy	-*		#	#	-**	-#
Use of neighbors, family, and friends for information	-**	-**		-#	**	**
Use of school information		-*	-**	-**	**	**
Aspirations and attitudes						
Schooling wished for son				#	*	
Schooling wished for daughter	*		#	*	*	
Vocational aspiration	**			**	#	**
Dissatisfaction with lot	**		*	**		**
Empathy	**					
Dogmatism	**		**	**	**	*
Acceptance of adult education	**	**	**	**	**	**
Acceptance of work-study program				-**	**	**
Acceptance of Head Start					**	
Level of living						
Family income		*	#	*		
Source of income (scaled welfare or nonwelfare)					-#	*
Condition of dwelling	-*	-#	**	**	-**	
Appearance of yard		-*		-*		
Adoption of model homes idea	**	**			**	**
Adoption of landscaping, home beautification	#	*	-#	-#	**	**
Adoption of birth control idea	**	*			**	**
Adoption of complete modernity scale	**	**	**	**	**	**
Communications						
Listening to radio		*				
Consumption radio—public affairs content	#			#		*
Watching television	*		#		**	**
Attending motion pictures	-#					
Consumption newspaper—public affairs content						
Consumption television—public affairs content		**		**	**	**
Consumption magazine—public affairs content			*	**	-#	
Use of newspaper for information	**				**	**
Use of radio for information	-**		-**	-*	**	**
Use of television for information	-*	-*		-*	**	**

*#Between .05 and .15. *Equal to or less than .05. **Less than .01. Source: Lewis Donohew and B. Krishna Singh, "Modernization of Life Styles," Unit 7,* Community Action in Appalachia, *p. 47.*

The study team believes that a large proportion of Appalachia's middle-aged and elderly persons are not likely to find places in modern society outside the area where either they or society will profit, whatever success community action may have. A program that will make life more tolerable for them where they live or richer by attention to the good things at hand is certainly something our society can afford. But the great concern must be for the children and young people, and for those in the middle years who are still adaptable and potentially self-sufficient (the early childhood program offers real hope; the program for the young people appeared to have had little effect).

Perhaps the easiest course, on the surface, would be to perpetuate dependency by continuing to distribute "dole" to the "needy." But, by so doing, society would commit itself to maintaining an unbridged chasm between social classes. Millions would live out their lives as "parasites" on the bounty of the scornful producers who would pay for their "keep."

Such programs as community action are expensive, and so far they do not show satisfactory results. But at least they are an attempt.[17] They are something–as opposed to nothing! At least they are a denial that the future of this society is the kept on the one side and the keepers on the other. They are an assertion of the unique value of every person, a recognition that each could have been the other.

LET THE CRITICS of community action or of other attempts to unravel the unfortunate snarl of poverty reflect on the choices: we can hide from the reality of poverty in a land of plenty for all and let some go hungry; or we can continue our general self-righteous system of voting corn to the mob; or we can keep on trying by such means as community action to encourage people to help themselves. In the long run, perhaps poverty can be overcome if communities can be brought to seek solutions through common counsel among the affluent, the poor, and persons in between. At no other time in the history of Western man has it been possible for men of all stations to discuss the problems of the poor, for poverty is not rooted in a want of material goods. Our abundance is such that no man need be hungry, or cold, or in rags. Now it is not a question, as it once was, of one man going hungry that another might eat, but of how to distribute the goods we have.

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[1] *Kurt Lewin, "Conduct, Knowledge, and Acceptance of New Values,"* Resolving Social Conflicts *(New York: Harper & Bros., 1948), pp. 103-24.*

[2] *Daniel Lerner,* The Passing of Traditional Society *(New York: The Free Press, 1948).*

[3] *Unfortunately, this model is not widely understood. The hassle over how much representation the poor should have on councils is usually concerned with how wise are the decisions they make rather than with how valuable the experience is for them; with how competent they are rather than with how much the experience may move them toward responsible roles in society.*

[4] *Willis A. Sutton, Jr., "Leadership and Community Relations," Unit 8,* Community Action in Appalachia *(a report to the Office of Economic Opportunity Under Contract No. 693).*

[5] *Ottis Murphy and Paul Street, "The 'Image' of the Knox County Community Action Program," Unit 9,* Community Action in Appalachia.

[6] *Sutton, op. cit.; Ottis Murphy, "The Knox County Economic Opportunity Council Anti-Poverty Arts and Crafts Store Project," Unit 10; and Stephen R. Cain, "A Selective Description of a Knox County Mountain Neighborhood," Unit 3,* Community Action in Appalachia.

[7] *Local critics of UAC regarded the attempt as an effort by "outsiders" to "take over" on the pretext of speaking for the poor.*

[8] *Cain (see footnote 6) observes that kinship structure is built into the broader alignments. If one family rejects the program, all of the same kinship community are likely to do so. His study does not support the generalization, commonly made for the urban poor, that the poor have a sense of being powerless. Rather, the kinship structure gave people in the community he studied very effective "connections."*

[9] *Cain, op. cit.; Sutton, op. cit.; Murphy and Street, op. cit.*

[10] *Murphy and Street, op. cit.*

[11] *These observations appear to verify Weller's; namely, that Appalachians are person-oriented and reluctant to criticize others but also inclined to identify with one side of an issue rather than to look at it impersonally. Jack E. Weller,* Yesterday's People *(Lexington, University of Kentucky Press, 1965), p. 83.*

[12] *Lewis Donohew and B. Krishna Singh, "Modernization of Life Styles," Unit 7,* Community Action in Appalachia.

[13] *The tables are based on a special factor analysis treatment of results of interviews with householders in communities influenced to different degrees by the Community Action Program, as represented by their experience with the community centers. The treatment "typed" people on a scale between* modernity *and* nonmodernity, *classifying them at Time 1 (when they were interviewed the first time) and again at Time 2 (when they were interviewed again). Table 1 treats only those originally typed as "semimodern." In communities A and B, for instance, the numbers of visits and persons visited (presumed to be related to* socialization*) dropped between Time 1 and Time 2. It dropped also (as indicated by -*) in one of the "new center" communities (D), but rose in one of the "older center" communities (F). The .05 level of probability that the change was by accident (indicated by *) means that the chances are 95 out of 100 that the change was not by accident; the .01 level (indicated by **), 99 out of 100. The minus sign indicates the negative direction of the change. Table 2 deals with all the householders interviewed in the respective communities. As both tables show, with some exceptions, there was a tendency toward rise in aspirations and living levels in all three categories of communities but a bit more in the "older center" category. Furthermore, changes tended to be comparatively more positive in the "older center" communities in the* socialization *and* communications *variables.*

[14] *Herbert Hirsch, "Poverty, Participation, and Political Socialization," Unit 5; and Morris Caudill, "The Youth Development Program," Unit 6,* Community Action in Appalachia.

[15] *Lowndes F. Stephens, "Economic Progress in an Appalachian County," Unit 2,* Community Action in Appalachia.

[16] *Thomas P. Field, Wilford Bladen, and Burtis Webb, "Recent Home Construction in Two Appalachian Counties," Unit 13,* Community Action in Appalachia.

[17] *James W. Gladden, "Family Life Styles, Social Participation, and Socio-Cultural Change," Unit 4,* Community Action in Appalachia.

The Employment of Mothers As a Means of Family Support

Irene Cox

Present legislation emphasizes self-support, self-sufficiency, and independence as the goals of the aid to families with dependent children (AFDC) program, as does the Administration's proposal for a Family Assistance Plan (FAP). But does the employment of the family head automatically mean economic self-sufficiency? FAP, the recommendations of the President's Commission on Income Maintenance, and much that is published on the problem of poverty in an affluent society are responses to the recognition that the income of a family head, including an employed family head, may be too low for family support. For this reason, discussions centered on AFDC are concerned not only with the question of potential for employment but also with the question of potential for family support through the employment of the family head. In the AFDC program the family head is usually a woman.

The question of the relationship of work to family support seems difficult to discuss rationally when the AFDC program is the focal point. The arguments presented are either critical or defensive—AFDC mothers should or should not work; they should or should not have a free choice while working taxpayers foot the bill; and children are better or worse off when their mothers work—and are primarily concerned with value considerations—the values of employment are in self-respect, good example for the children, opportunity to join in the mainstream of American life, and the like rather than in the mother's earning capacity. Pointing out that 60 percent of AFDC mothers have children under 6 years old in their care and that the median educational level and occupational skill are lower for AFDC mothers than for the general population is an unsatisfactory response to the common knowledge that women do work, that women with young children work, and that a number of women work in low-skilled occupations.

It is not possible to assess the family support potential of AFDC mothers by looking only at the AFDC program; rather, it is necessary to consider the experience of women in general in the labor market, as a woman's potential for family support is, of course, related to her experience in the labor market. Knowledge of the participation of women in the labor force, therefore, should provide a basis for testing several assumptions about the potential for family support through employment of women in AFDC families. One assumption that is often implicit in discussions of the desirability of employment is that AFDC mothers can do as well as women in the general population in obtaining employment and providing family support. But this question follows that assumption: Who are working women and how well are they doing in attaining income sufficient for family support?

Much data are available in U.S. Department of Labor reports (particularly those of the Bureau of Labor Statistics and the Women's Bureau) on the experience of women in the labor force. They tell us how many women are working and a great deal about their personal and family characteristics—age; education; marital status; children's ages; occupations; whether they work full time, part time, or part of the year; and income from wages and salaries. Labor statistics for 1967 are used here, together with data from the 1967 study of the characteristics of AFDC recipients conducted by the U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service.

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Major findings from labor force data

Most women work for wages outside the home at some time during their lives, but only 40 percent of all women were in the labor force on a monthly average in 1967. The number of working women, age 16 and over, almost doubled between 1947 and 1967–rising from 16 million to almost 30 million–and the proportion of women in the labor force increased from 30 percent to 40 percent of the adult population of women. The question, then, is not so much a matter of which women work as it is of when women work, for the life patterns of most of them include marriage and the bearing and rearing of children. The personal and family characteristics of working women, therefore, describe conditions under which women are most likely or least likely to be employed. The data show that the labor force participation of women is to a large extent related to age, marital status, presence and ages of children, and education.

The median age of women workers increased from 32 years in 1940 to 40 years in 1967. During the same period, the percentage of married women in the labor force with husbands at home increased markedly, from 30 to 60; but the percentage of single women dropped from 50 to 20, and the percentage of women who were divorced, widowed, or separated from their husbands remained the same (20 percent). Although the increase in the number of working women was largely due to the employment of married women with husbands at home, such women were less likely to be employed than other women. In 1967, 37 percent of married women with husbands at home, 53 percent of the women who were separated from their husbands, and 71 percent of those who were divorced were in the labor market.

In the same year half of all mothers with children under 18 years old were in the labor force when the youngest children in the home were between 6 and 17 years of age. This proportion dropped sharply when there were younger children at home: only 29 percent of those with children under 6 in the home were in the labor force and only 25 percent of those with children under 3.

Evidently, the increasing median age of women workers was related to their entry or reentry into the labor force when their children reached school age: the highest labor force participation rates in 1967 occurred for women between the ages of 45 and 54. About 50 percent of the women in that age group were employed in 1967–54 percent of those with husbands at home and 70 percent of those without husbands at home. The lowest labor force participation rate for women under age 65 was among those from 25 to 34 years old–35 percent for women with husbands at home and 62 percent for those without husbands at home. A married women was most likely to work when her husband's income was less than $7,000, but at all income levels labor force participation rates for women dropped when there were preschool children in the home.

As women responded to labor market demands and opportunities for employment, their labor force participation increased with their educational levels; therefore, the years of schooling attained by a woman were related to whether she was employed as well as to when. In 1967, 25 percent of the women with 8 years of schooling or less were employed, 40 percent of those with 1 to 3 years of high school, 47 percent of those with 4 years of high school, and 54 percent of those with 4 years of college. The labor force participation of women with low educational attainment also increased with age and was highest among those from 45 to 54 years old; but at all age levels women with less schooling were less likely to be employed than others. Women in the labor force, therefore, had a higher educational level than women who were not employed. Fully 65 percent of all working women had at least a high school education, in contrast to 55 percent of the women in the general population who had that much education.

Women's occupations and their earnings in relation to those occupations are of major importance in assessing employment potential for family support. Although women are moving toward more diversified types of employment, in 1967 they were concentrated in relatively low-paying occupations–40 percent in clerical and sales work; 25 percent in service occupations, including 7 percent in private household work; and 15 percent as machine operators. A total of 82 percent of employed women were in occupations producing median earnings for women of $3,700 per year or less; only 15 percent were in professional or technical occupations paying a median of $5,000 a year or more for women.

The median wage for all women workers in 1967 was $2,295. Fully 75 percent of the women who worked some time in 1967 earned less than $4,000, and 31 percent earned less than $1,000 (only 7 percent earned more than $7,000). Their annual wages were low because many worked only part of the year or only part time, but even if they worked full time, the occupations in which they were concentrated provided low full-time wages. The median full-time year-round wages of women clerical workers in 1967 was $4,500; salesworkers $3,300; machine operators $3,600; service workers

$3,000; and private household workers $1,300. The median wages or salary income of women working full time year round was $4,150; the median earnings of fully employed men were $7,182.

Part-time or part-year employment may be preferred by some women—married women not completely dependent on their own earnings or mothers of young children, for instance—and such employment accommodates the needs of industries subject to seasonal and other periodic peak loads. In 1967 only 42 percent of employed women worked full time the year round, but as many as 30 percent worked part time all or part of the year. The rest worked full time part of the year.

Whether women worked full time is related to the same conditions as affected their labor force participation. About 41 percent of employed women with husbands and 52 percent of employed women without husbands worked full time the year round. The presence of children affected full-time employment: 39 percent of all working mothers with children from age 6 to 17 were employed full time the year round, 25 percent of those with children under 6, and 16 percent of those with children under 3 in the home. This means that a very low proportion (about 7 percent) of mothers with children under 6 were working full time the year round.

The effects of the presence of children on the mother's full-time year-round employment is also reflected in the increasing rate of full-time employment with the increasing age of women workers, to the high point of 50 percent of women workers between the ages of 45 and 54 working full time the year round. Consequently, the income of women also increased with age: women between the ages of 45 and 54 had a median income from all sources of $3,081 in 1967, as compared with a median income of $2,616 for women age 25 to 34. The income and the proportions of those working full time also increased with education. The median income of women with 8 years of education in 1967 was $1,379; with 4 years of high school $2,909; and with 4 years of college $4,426. The proportion working full time increased from 23.5 percent for the women with 8 years of schooling to 44 percent for those with 4 years of high school and 48 percent for those with 4 years of college.

When the work experience of white women is compared with that of women of other races, it is evident that nonwhite women try harder but earn less. Except for teenage nonwhite girls, who had very high rates of unemployment, nonwhite women were more likely to be employed than white women under all of the conditions noted that affect the participation of women in the labor force. See table 1.

The educational attainment of nonwhite women is increasing, but it is still lower than for white women: in 1967, 37 percent of nonwhite women had a high school education or more, as compared with 57 percent of white women. However, nonwhite women at all educational levels were more likely to have been employed than white women, although they were less likely to have been employed full time the year round, as they were more generally employed in seasonal and part-time occupations.

Nonwhite women were highly concentrated in service occupations: 51 percent were in this type work, as compared with 19 percent of white women workers; and 26 percent were in private household work, as compared with 4 percent of the white women workers. The median earnings of nonwhite women workers in 1967 was $1,635; for those employed full time the year round it was $3,194.

From these data it appears that a woman's decision to work was based on a combination of circumstances: possession of personal qualifications to meet labor market demands; personal satisfaction; no family members, especially children, requiring special care; and need for higher family income. Most working women were married and, although they were working to add to family income, most were supplementing the earnings of their husbands and were not fully responsible for family support. In fact, few of the working women could have supported an average family (four persons) from their earnings alone. Less than half of them worked full time the year round and half of those working full time had earnings sufficient to support a family of four at slightly above the poverty level, which in 1967 was considered to be about $3,500 a year. If, therefore, AFDC mothers do as well as all women in the population, about half of them would be working some time during the year, 20 percent would be working full time year round, and about two-thirds would have earnings below the poverty level for a family of four.

Women heading families

As most working women are married women with husbands at home and are not fully responsible for family support, aggregate data from the Department of Labor may not fairly reflect their ability to support families when they must. The data from the Labor Department on labor force participation rates and marital status indicate that women without husbands

are more likely to be employed than those with husbands. More specific data about the experience of women heading families in supporting their dependents that identify the characteristics of the poor and prosperous segments of the population are available from special census reports, studies supported by the Office of Economic Opportunity, and the work of Mollie Orshansky and others. These data are particularly useful in assessing the performance of women family heads in providing family support, as they show the incidence of family poverty in relation to various aspects and identify conditions under which women are most likely or least likely to be supporting themselves and their dependents.

The data indicate that women heading families did respond to family need by seeking employment at higher rates than married women with husbands at home. About 53 percent were in the labor force in March 1967, as compared with 37 percent of married women with husbands at home. About 60 percent had worked at some time during the year, as compared with 48 percent of married women with husbands at home. However, they were restricted from working by the same conditions as women in general—age, education, presence and ages of children—with similar results. They were more likely to work than wives under all conditions, but their work experience and income decreased when there were children at home, especially children under 6.

The incidence of poverty is much higher when there are children under 18 dependent on the woman family head: only 17 percent of childless families headed by women had incomes below the poverty level (the Census Bureau defines a family as two or more related persons living in a household; about 40 percent of families headed by women include no children). About 60 percent (3,193,000 families) of the families headed by women included minor children, and 45 percent of these families were poor in 1967. More than half (55 percent) of the children in families headed by women were in families with total income below the poverty level.

Many of the women with children in their care were working, but a large proportion of the families they headed were still poor. In 1967 about 60 percent of the children in families headed by women were in families in which the mother worked at some time during the year, but 41 percent were in poor families even though the mother worked. Children under 6 in families headed by women were particularly likely to be in poor families: 72 percent of children under 6 were in families with incomes below the poverty level. Though half the women heads of families with children under 6 worked at some time during the year, 55 percent of the children with working mothers were poor. Full employment of the mother did not prevent poverty. Almost a third of children under 6 with mothers working full time year round were in poor families.

Table 1. Percentage of women employed in 1967, by race

Status	Race	
	White	Other
	(percent)	*(percent)*
Women 16 and over	40	50
Married with husbands at home	36	48
Mothers with children		
Ages 6-17	48	58
Under 6	26	44

As with other women in the population, family income increased with the age of the woman heading the family. The median income of families with the woman head under 25 years of age was $2,166. The median family income increased with the age of the head to a high point of $5,378 for families headed by women from 55 to 64 years of age. Median family income was much less when there were children in the home. Childless families headed by women between the ages of 24 and 44 had median incomes of $6,066. When children under 18 were present, the median family income was $3,636. The situation was worse when children under 6 were present. When all children in the home were under 6, the median income was $2,532; when some were under 6, it was $3,078; and when all were 6 or over it was $4,349. Consequently, the incidence of poverty among families headed by women decreased with the increasing age of the family head up to age 65. See table 2.

As noted, the level of educational attainment is related to labor force participation and income. In 1967

Table 2. Percentage of families headed by women with income below the poverty level, by age of woman, 1967

Age of woman	Percentage of families with income below poverty level
Under 25	62
25-34	52
35-44	36
45-54	24
55-64	21
65 and over	26

women heading families had a lower educational level in general than all women in the population. About 42 percent of women heading families had 12 years or more of schooling, as compared with 55 percent for women age 18 and over in the general population. This difference is not due to the higher proportion of older women among families headed by women than in the general population. The difference was even greater between women heads under 45 and women this age in the general population. Half of the women under 45 who were family heads had at least a high school education, as compared with 68 percent of the women from 18 to 45 years old in the general population.

Although the educational level of women heads of families was generally lower, the occupational distribution for women heading families and women in the general population was not markedly different: 12 percent fewer women family heads were in professional, clerical, and sales occupations, and 9 percent more were working as service workers or machine operators. See table 3.

One reason for this is that women with more education are more likely to be employed and, with greater pressure to work, more women heading families with qualifications that meet labor market demands are employed. This is illustrated by labor force data on all women who were divorced or separated from their husbands or were widows in 1967. Among married women with husbands at home, those in the labor force had a median educational attainment of 12.3 years; those not in the labor force, a median of 12.1 years. Comparable medians for previously married women without husbands were 12 for those in the labor force and 8.8 for those not working. The difference is largely due to the preponderance of widows and older women in the group, but younger women also differed. Married women with husbands at home who were under 35 years old and not in the labor market had 12.4 median years of schooling; previously married women (that is, widowed, divorced, or separated) of that age not in the labor force had a median of 11.5 years; and those employed had a median of 12.3 years.

As was true in the general population, nonwhite women heading families were more likely to work; to have children in their care, including children other than their own; to have less schooling; to be more concentrated in poorly paid occupations; and to be poor. About 62 percent of nonwhite women heading families worked in 1967, but 64 percent of all such families with children were poor, as compared with 35 percent of white families with children. About 75 percent of the children in nonwhite families headed by women were in families with incomes below the poverty level. About 65 percent were in poor families even though the mother worked some or all of the time during the year.

Table 3. Occupational distribution of women heading families and women in the general population, 1967

Occupation	All women	Women heading families
	(percent)	*(percent)*
Professional and technical	14.1	11.1
Clerical and sales	40.0	31.1
Machine operators	15.7	18.5
Private household	7.0	9.5
Other services	15.9	19.4
Other	7.3	10.4

For families with income below the poverty line, the characteristics of the women who head them and of the families themselves reflect the conditions under which women are likely to be excluded from the labor force or which result in low occupational status and low incomes. This was true even though the women family heads were in the labor force at a rate equivalent to that of all women in the population.

About 39 percent of women heading poor families were in the labor force in March 1967, as compared with 40 percent of all women in the population. Their families included a higher proportion of young women and a higher proportion of children under 6. About 36 percent of the heads of poor families were under 35, as compared with 22 percent of all women heads in this age group. About 53 percent had children under 6 in the home, and 36 percent of all families headed by women included children that young.

A half of the employed poor women heading families were in service occupations, as compared with only 29 percent of all women heading families and 23 percent of all working women in the general population. Two out of 10 were in professional, technical, clerical, and sales occupations, as compared with four out of 10 of all women family heads and more than half (54 percent) of all working women in the population.

It appears that many women heading families were not providing adequate support for their families in 1967. A prescription for success in family support would have included such ingredients as these: be middle-aged; have no children under 6; have a high school or, preferably, a college education; work full time in a professional, technical, or upper level clerical occupation; and be white. Few of these ingredients are subject

to choice and none guarantees 100 percent success, including the last. About 60 percent of all poor families headed by women were white, as were 53 percent of poor families with children whose heads were women. Although nonwhite families headed by women were more likely to be poor, white families headed by women were also poor when affected by the conditions restricting the employment of women.

Another ingredient in the prescription for adequate family support is to acquire or retain a husband. (Among women heading families whose members include their own children, 38 percent were separated from their husbands, 26 percent were widowed, 29 percent were divorced, and 7 percent were single.) Only 8.4 percent of families with children headed by men were poor in 1967, as compared with 44.5 percent of those with children headed by women. When both parents were employed, only 5 percent of the families headed by the father were poor.

AFDC mothers

But how do these conditions affect AFDC recipients? First, although a high proportion of AFDC families are headed by women, they are not completely congruent with all families with children headed by women or even with poor families with children headed by women. Neither group is permanent or stable: a husband is acquired or lost; a woman acquires or loses dependents; family status as poor or as above the poverty line changes as family circumstances change; and status as AFDC recipients changes as a family enters or leaves the program.

As to the last point, there is a turnover rate of more than a third of AFDC recipients each year, and in 1967 the median length of time families received AFDC continuously was a little more than 2 years. The status of AFDC families as families headed by women is also subject to change. In 1967, 13 percent of the AFDC cases closed were closed because of the return of the father to the home or the marriage of the mother. Therefore, a study of the characteristics of recipient families provides data about families at a particular point in time—that is, when they are receiving assistance—rather than describes the characteristics of a permanent, unchanging group of families.

Data about AFDC families include all families, whether headed by the mother or the father. In 9 percent of the families, the children were living with relatives other than the mother or father. About 75 percent of AFDC families in 1967 were families in which the mother or stepmother but no father or stepfather was present, and as in most of the other families in which the mother was present, her potential as a wage earner would have been important in considering the family's potential for self-support.

The 1967 data about the characteristics of AFDC families describe the extent to which conditions are present that increase or deter labor force participation and affect earnings at the time assistance was received. They also provide a further test of the assumption that AFDC mothers can do as well in employment as women in the general population or women in general who head families. Although the data indicate that women in general are not doing well as family providers, it is not reasonable to assume that AFDC recipients could do as well as women in the general population unless the characteristics that affect the labor market participation of both groups are comparable.

An examination of the characteristics of AFDC mothers and families shows that they live under the major conditions that deter a woman from working or that bring her only low wages when she does. This fact is not very surprising because the program generally requires that children under 18 be in the family and most State eligibility standards and payment levels are well below the poverty line. In addition, AFDC mothers are concentrated in the lower age group; have a high proportion of children under 6 years of age; have less education than women in the general population; and have worked for the most part in occupations bringing little income. See table 4.

AFDC mothers are acquainted with work. The 1967 survey of AFDC recipient characteristics reported that 70 percent of AFDC mothers had some work experience, and other studies have found that most mothers had worked before receipt of assistance. About 15 percent were employed at the time of the survey (November-December 1967), and 7 percent were looking for work. On this basis the labor force participation rate would be 22 percent, as compared with 39 percent for women heading poor families in March 1967. Data for work experience in 1967 are not available, but a study of closed cases in 1963 found that 40 percent of the children in AFDC families had mothers who worked while receiving assistance. A 1969 study found that 52 percent of a sample of 7,000 AFDC mothers in 10 States had worked some or all of the time during the previous 3 years.

Although the proportion of AFDC mothers employed in November-December 1967 was only 15 percent as a national average, considerably higher rates of employ-

Table 4. Selected characteristics of AFDC mothers and women heading families, 1967

Characteristic	Percentage with selected characteristics		
	AFDC mothers	Women heading poor families	All women heading families
Age:			
Under 45	83	58	43
Under 35	55	36	22
With children:			
Under 18	[1] 100	80	60
Under 6	60	53	36
Education:			
12 years or more	20	([2])	[3] 42
8 years or less	43	([2])	[3] 36
Occupation:			
All services	60	50	29
Private household	29	21	10
Clerical and sales	14	18	31
Nonwhite	47	42	25

[1]About 9.4 percent of AFDC families include children 18-20 attending school, but less than 1 percent had children in this age group only. [2]Not available. [3]Only 19 percent of women heads under 45 had 8 years or less of schooling. This figure is more nearly comparable with that for AFDC mothers, 83 percent of whom were under 45 years of age.

ment were found in States in which the mother could retain all or part of her earnings.

In most States in 1967, the amount of the AFDC payment to a family was reduced by the recipients' net earnings, with some allowance for work expenses. Therefore, a woman did not improve the economic situation of the family unless she could earn more than the amount of the assistance payment. However, 20 States limited the amount of the AFDC payment by meeting only a percentage of the family's need or by setting a maximum on the amount that could be paid but allowed other family income to supplement the AFDC payment up to the total amount of the family's need as determined by the State's standards.

These States, therefore, offered money incentives for employment, and higher proportions of AFDC mothers were employed in them. The median proportion employed in States in which earnings increased family income was 28.3 percent, as compared with a median of 10.5 percent of mothers employed in States with a 100 percent tax rate on earnings. More than 30 percent of AFDC mothers were employed in nine States, and one State reported a 52 percent rate of employment of mothers in recipient families. These were generally States with relatively low AFDC payments; consequently, economic pressure to acquire additional income was considerable. However, even with the combined incentives of economic need and the possibility of adding to family income through employment, and even though more mothers worked when working helped the family, most mothers in those States were not employed. This is consistent with the finding that conditions deterring employment are prevalent among AFDC recipients.

The earnings of AFDC mothers, when they were employed, were much lower than the median earnings of employed women in the general population. About half of the AFDC mothers employed were working full time, but earnings were not high enough to make the family ineligible for assistance. The average monthly earnings of all AFDC employed mothers was $135. The average was less than $100 in 12 States and more than $200 in only four States.

As with other women in the population, nonwhite AFDC mothers were more likely to be employed: 19 percent of the nonwhite and 12.5 percent of the white AFDC mothers were working in November-December 1967. The racial characteristics of AFDC families were comparable to that of poor families headed by women with children in the general population: 53 percent were white and 47 percent were nonwhite, including 45 percent who were Negro.

Other studies of AFDC families have estimated that from 45 to 55 percent of AFDC mothers are potentially employable because of age, education, and work experience but that barriers to employment are present such as poor health, residence in a poor labor market area, and the presence of young children. They also indicate that most would not earn more than the AFDC payment if employed in occupations for which they could qualify.

Changes in earnings and other income are major reasons for the high turnover of AFDC recipient families. In 1967, 528,000 families left the AFDC program and 703,000 were added. Of the families added, 80 percent had had a reduction in income or resources in the 6 months preceding the application. In almost half of the families, this was due to the loss of or reduction in the earnings of persons in the family—25 percent because of illness, injury, or other impairment and 22 percent because of layoff, discharge, or other loss of employment. These figures include families receiving assistance because of the unemployment or incapacity of the father. The income of 31 percent of the remaining families had been lowered because of the mother's loss of employment or a reduction in her wages.

Half the cases closed in 1967 were closed because of increased family income or resources. A third were

closed because the parent obtained employment or his earnings increased. Excluding those families whose cases were closed because of the employment of the father, 15 percent of the remaining cases were closed because of the employment of the mother or an increase in her earnings.

Issues

Two major conditions are prominent as deterrents to the employment and the earning capacity of women: the presence of young children in the home and low levels of education and training. It is reasonable, therefore, to emphasize the need to provide occupational training and day care to assist families in becoming self-supporting. However, in view of the experience of working women in providing family support, it is important to set reasonable goals for the training programs. If through training a woman is expected to obtain employment that will bring enough earnings for family support, she will also have to be free to work full time and be able to attain levels of earnings comparable to the median for all women now in the labor force. Because AFDC recipients represent the group most likely to be excluded from employment or to earn low wages when employed, it is not likely that training will make that much difference for a substantial number of recipients, especially if such results are expected in a short time.

Training programs assist women in acquiring the kinds of skill needed for entry into occupations with potential for advancement and for wages above those offered by the low-skill occupations that typify the AFDC mother's work experience. Increasing occupational skill is an essential first step in assisting women to pick up their earning capacity, but progression to the point of full family support for a substantial number of AFDC mothers implies long-term rather than short-term planning and goals.

This observation is not a criticism of training programs or of the abilities of AFDC mothers, and it is not intended to detract from the value of training programs. The national investment in manpower development and training programs in the past few years has been considerable in response to the need for adult training and retraining as technological advances make some occupations obsolete and job demands change. Training programs are needed to meet the needs of a changing and growing economy and as opportunity for men and women to advance economically. AFDC recipients should have the same opportunity as others to develop ability that will enable them to increase their earning capacity, but many will still require income supplementation for adequate family support.

The provision of adequate day care facilities will enable more mothers to work but, of course, will not in itself provide them with jobs and income adequate for family support. If more day care is available, women heading families will still be competing with married women with husbands at home who represent the largest source of woman power. In 1967 there were 20 million married women (with husbands at home) under age 54 not in the labor force and, as pointed out, they had more education than unemployed previously married women. Also, as pointed out, the growth in the number of women in the labor force was largely due to the employment of married women with husbands at home who could meet labor market demands for education and training and who could arrange for the care of children or who worked when their children were beyond preschool age.

Training and day care programs are important in providing opportunities for individual recipients to maintain an attachment to the labor force, increase their earning capacities and acquire the satisfaction of achievement. We can expect a substantial number of the potentially employable AFDC mothers to seek employment to add to family income. Their increased earning capacity will benefit their families and will reduce the amount of the supplement needed for family support. However, emphasis on such programs as a prime means of decreasing assistance costs should not detract from considering basic issues that determine the costs of a family assistance program—costs that, in turn, are related to all the goals of such a program, whether it is AFDC or the broader FAP. This proposal reflects the changing conception of the relationships between poverty and dependency, work and poverty, and work and public assistance programs.

More and more Americans are concerned over the existence of poverty, about the poor quality of living implied by the term, and about the personal and social consequences of continuing poverty for many families. The public is becoming more aware that many families are poor even though a parent is fully employed; that work and poverty are not mutually exclusive; and that work and public assistance cannot be mutually exclusive if the objective is family support at a socially acceptable level.

The cost of a program of family support is necessarily related to the level of living selected as socially accept-

able and economically feasible. This level will define the number of families potentially eligible for supplementation and the amount necessary, when added to other family income, to bring the family up to the selected level. Total program costs will decrease as earning capacity increases and as the number of families in the population below the selected level decreases.

This process can be expected to be slower for families headed by women than for families headed by men because of the lower earning capacity of women and the presence of conditions making it more difficult for women to support families. Between 1959 and 1968 the number of families headed by men having children under 18 and with incomes below the poverty line decreased by 52 percent, but the number of families headed by women that were below the poverty line decreased by only 4.3 percent. The total number of such families actually increased in 1967 and 1968.

IF THE GOAL of an income maintenance program is an acceptable minimum level of living for all families, planning requires an interlacing of employment with supporting programs, most of which require long-term development and can be expected to have long-term rather than short-term results such as programs that increase family stability; provide basic education for children, occupational preparation for young people, and retraining for adults; improve health and physical environment; and provide more jobs at higher pay. A program of income supplementation is needed that insures basic family support for persons excluded from employment, encourages employment and offers opportunity for advancement, and at the same time increases family well-being by supplementing the income of persons who, in the present labor market, do not earn wages sufficient for family support.

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Obstacles to Establishing Communitywide Information Systems in Health and Welfare

John H. Noble, Jr., and Henry Wechsler

Nowhere in the United States is there enough information on which to measure social progress or retrogression, be it at the Federal, State, or local level. The lack of such information in the Federal Government was brought into sharp focus by the publication in 1968 of *Toward a Social Report*, the results of a study commissioned by the U.S. Department of Health, Education, and Welfare to find better methods of measuring social progress in the United States. *Toward a Social Report* points up a condition long known to Government analysts and social scientists:

> The Nation has no comprehensive set of statistics reflecting social progress or retrogression. There is no Government procedure for periodic stocktaking of the social health of the Nation. The Government makes no Social Report.[1]

In consequence, to help policymakers establish national goals and priorities, the report recommends the development of a regular national reporting system to gather information concerning such social indicators as health and illness; income and poverty; social mobility; participation and alienation; public order and safety; and the physical environment.

Information by which to judge social progress or retrogression at the State and local levels is just as deficient. Although public and voluntary human service agencies each year expend substantial amounts of money, time, and effort on recordkeeping and processing, it is still very difficult to obtain reliable estimates of the number of persons and families served—not to speak of analyses by reference to pertinent background variables. Without such information it is impossible even to begin measuring program effectiveness.

As an illustration of how unreliable information now is, take the results of a study of 28 voluntary and public social service agencies in one of the larger metropolitan areas. Only eight (30 percent) of the agencies consistently reported the same figures when asked at two different times how many persons and families they had served during 1968.[2] The remaining 20 (70 percent) offered service statistics that differed between 1 and 77 percent from one time to the other. Ten (36 percent) gave figures differing between 1 and 10 percent; three (10 percent) between 11 and 25 percent; three between 26 and 50 percent; and four (14 percent) by as much as 51 to 77 percent!

Under such circumstances, the need for better information and for mechanisms to obtain it seems obvious. What could be more natural than to assume that automated storage and retrieval of information about health and social conditions, now possible because of technical advances in the computer field, will make planning, administrative decisionmaking, and research easier? However, before plunging ahead in developing computerized health and welfare information systems to serve whole communities, it will be necessary to answer certain critical questions, including the following: How willing and able are health and welfare organizations to take part in such systems? What is the state of the data they could contribute? What questions might agencies ask of an information system? What will be the likely effects on interagency cooperation and community relations? How much are these systems likely to cost?

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This article reports on the results of a 15-month study of 183 health and social welfare organizations in Metropolitan Boston relating to recordkeeping and processing resources, information presently needed, the compatibility of the definitions of the information gathered, and the response of executives to proposals for developing a computer-based health and social welfare information system to serve Metropolitan Boston.[3] Subsequently, more intensive work with 29 of the agencies concerning the development of a community information system centered on planning brought additional insight into the practical difficulties involved. The study was sponsored by the U.S. Public Health Service and was begun in August 1967. Work with the 29 agencies ended February 1970.

Recordkeeping and processing

In all, 54 hospitals, 22 planning agencies, 14 university departments and schools, eight public and 13 private social agencies, 11 visiting nurse associations, six nursing homes, 24 mental health clinics, 14 local health departments, seven registries and regulatory boards, and four State research and statistical units were surveyed. In these organizations recordkeeping and processing is a very large enterprise, involving hundreds of people, requiring special organizational structures, and costing many thousands of dollars each year.[4] Most organizations employed full-time rather than part-time staff members to keep and to process records. Organizational size was directly related to the number of persons employed in every type of recordkeeping and processing. On the average, more people worked in accounting operations than in keeping patient and client records and in automatic data processing.

As expected, the larger organizations had greater recordkeeping and processing costs. However, differences among agencies in the ratio of these costs varied greatly. The larger university departments and schools had the highest ratio and spent more than half of their total budgets on recordkeeping and processing. About a quarter of the budget of the local welfare department and a fifth of the budgets of the smaller university departments and schools were similarly spent. Hospitals, the larger planning agencies, visiting nurse associations, nursing homes, mental health clinics, local health departments, and State research and statistical units spent less than 10 percent of their total budgets on recordkeeping and processing.

Few organizations had computers of their own because only the largest hospitals, planning agencies, university departments and schools, public social agencies, and registries and regulatory boards could afford them. More commonly, agencies purchased services from independent computer service bureaus. Planning organizations and university departments and schools were the largest users of these services. Computers were not used at all by the smallest hospitals, the smaller local welfare departments, visiting nurse associations, nursing homes, and local health departments.

Information needed and available

Attempts to get executives to say what information they needed for planning, making administrative decisions, and conducting high priority research brought only rambling discourses or so many requests for clarification that words were literally placed in the mouths of some. Several went so far as to say, "You're the expert. Tell me." In consequence, a highly structured questionnaire was used to obtain the preferences of 10 executive planners and researchers "selected for having a high degree of experience with health data, a special knowledge of its uses, and for also having active needs for such data in the present conduct of their work."[5] The results of analyzing their replies about their need for health data can be applied as well to social welfare requirements.

The types of data identified as most needed were these:

- Age, sex, ethnicity, and socioeconomic status of the general population.
- Total number of live births and infant deaths and other mortality statistics, by sex, race, diagnosis, and residential location.
- Sampling estimates of numbers, age, and characteristics of persons reporting illness or health problems or handicaps, by conditions.
- Sampling estimates of the number of persons seeing a physician regularly.
- Sampling estimates of the numbers of admissions and the duration of stays in hospitals.
- Actual counts or sampling estimates of number and characteristics of patients, by age, sex, residence, type of service, and discharge diagnosis served in short- and long-term hospitals, and institutions and in Medicare and Medicaid programs.
- Actual count or sampling estimates of number and characteristics of outpatients, by age, sex, residence, diagnosis, and number of visits.
- Complete inventory of hospitals, extended care facilities, and nursing homes, by control, types of services offered, beds, certification status, accreditation, and number of registered and licensed practical nurses employed.
- Actual count of the number of physicians in active practice by current office location, age, specialty, and hospital affiliation.

In general, these data were to be aggregated by census tract to insure that they were in the form considered most useful. *The 10 experts were not able to specify exactly the purposes for which they intended to use these data nor the limits of tolerable error.*[6]

The data from this survey led to these questions for the larger study: Are these types of data available in the community? Do they exist in a form amenable to record linkage and aggregation?

To answer these questions, 114 forms used by nine major greater Boston health organizations[7] and 139 forms used by various divisions of the Massachusetts Department of Public Health were analyzed. The analyses brought to light the fact that most files of information maintained in health and welfare organizations are so incompatible that comparisons cannot be made between data derived from different organizations—and often not even between data gathered by different divisions in the same organization. Of 168 forms referring to persons, only 36 gave sufficient information about addresses to permit linkage of records to the exact address for flexible aggregation of records within geographic areas smaller than the city or town. With the exception of sex, the forms defined and requested items of information in widely divergent ways.

Willingness and ability to be part of the system

When asked to respond to proposals for developing a computer-based health and welfare information system to serve Metropolitan Boston, the executives indicated whether they were favorably disposed toward the idea of a community information system; whether they would consider taking part in such a system; what form of a system they preferred; and what kinds of data they could contribute.[8]

Willingness here refers to the executive's favorable inclination or disposition toward participation in a system. *Ability* or *capability* refers to executive responses giving evidence of sufficient power, skill, or resources to make joining a system possible. *Inability* means executive disapproval or indication that he lacked authority or willingness to take part in or contribute data to specific forms of information systems presented for consideration.

As shown by table 1, 71 percent of the executives were favorably disposed toward the idea of a community health and welfare information system; 21 percent were opposed; 1 percent were indifferent; and 7 percent claimed that such a system was inapplicable to the needs of their organizations.

Table 1. Acceptability of the idea of a community health and welfare information system

Type organization	N[1]	Response			
		In favor (percent)	Against (percent)	Neutral (percent)	Not applicable (percent)
Hospitals	44 (54)	82	16	2	0
Planning agencies	19 (22)	79	0	0	21
University departments and schools	9 (13)	78	0	0	22
Public social agencies	8 (8)	63	12	12	12
Local welfare departments	6 (6)	83	17	0	0
Visiting nurse associations	10 (11)	70	20	0	10
Private social agencies	11 (14)	64	36	0	0
Nursing homes	5 (6)	20	80	0	0
Mental health clinics	20 (24)	65	30	0	5
Local health departments	9 (14)	44	56	0	0
Registries and regulatory boards	5 (7)	80	20	0	0
State research and statistical units	4 (4)	75	0	0	25
Total	150 (183)	71	21	1	7

[1] *Refers to the total number of organizations for which information was available for computing the percentages reported. Percentages have been rounded. Numbers in parentheses refer to the total number of organizations to which letters were sent.*

Table 2. Willingness to take part in a community health and welfare information system

Type organization	N[1]	Response			
		In favor (percent)	Against (percent)	Neutral (percent)	Not applicable (percent)
Hospitals	44 (54)	61	34	5	0
Planning agencies	19 (22)	68	11	0	21
University departments and schools	9 (13)	78	0	0	22
Public social agencies	8 (8)	75	12	0	12
Local welfare departments	6 (6)	17	83	0	0
Visiting nurse associations	10 (11)	60	30	0	10
Private social agencies	11 (14)	55	45	0	0
Nursing homes	5 (6)	20	80	0	0
Mental health clinics	20 (24)	65	30	0	5
Local health departments	9 (14)	33	66	0	0
Registries and regulatory boards	5 (7)	80	20	0	0
State research and statistical units	4 (4)	75	0	0	25
Total	150 (183)	60	32	1	7

[1] *Refers to the total number of organizations for which information was available for computing the percentages reported. Percentages have been rounded. Numbers in parentheses refer to the total number of organizations to which letters were sent.*

About 80 percent of the executives of hospitals, local welfare departments, planning agencies, university departments and schools, and State registries and regulatory boards endorsed the idea of a community health and welfare information system. Mental health clinics and public and private social agencies were divided about the idea. But both wanted to protect the patient above all. Those favoring a system said emphatically that their support would be contingent on suitable safeguards for patient confidentiality; those opposing cited their desire to protect individual rights to privacy as the reason for rejecting the idea of a system. The least favorably disposed agencies were nursing homes and local health departments. The margin of opposition to a system was above 50 percent among them.

As shown by table 2, 60 percent of the executives were willing to take part in a community health and welfare information system; 32 percent were unwilling; 1 percent were indifferent; and 7 percent regarded a system as inapplicable to their needs. Roughly 10 percent fewer executives were willing to take part than accepted the idea. Otherwise, they were consistent in both endorsing and expressing willingness to be part of a system.

The executives were asked to say which of these three forms of a community information system they would prefer:

- A directory of information stored in various agencies for use by authorized persons.
- A central registry or exchange identifying patients and clients about whom additional information could be obtained from the organizations serving them.
- An archive for abstracts of health, welfare, and social agency records on persons served.

Table 3 summarizes the responses to these questions.

About 33 percent of the executives chose the first method—a directory of information stored in various agencies; 32 percent were against it; and 28 percent did not answer or were neutral. The greatest support came from executives of public welfare agencies; the least

from executives of nursing homes, State research and statistical units, local health departments, and mental health clinics.

About 30 percent of the executives chose the second method—a central registry; 36 percent rejected the idea; and 27 percent did not answer the question or were neutral. Executives of State research and statistical units, university departments and schools, and public social agencies favored a central registry more than executives from other types of organizations. Those from visiting nurse associations, mental health clinics, and hospitals were evenly divided in opinion. Opposition was strongest from executives of nursing homes, local health departments, and private social agencies. Only executives of State research and statistical units indicated strong support for the idea.

Almost twice as many executives were against establishing an archive to store abstracts of health, welfare, and social agency records as were for it: 41 percent as opposed to 24 percent. About 28 percent did not answer the question or were neutral. The most opposition came from executives of nursing homes, mental health clinics, and private social agencies. Only executives of State research and statistical units indicated strong support for the idea.

The executives were next asked whether their organizations could contribute the following types of data to a system:

- Abstracts of patient or client records.
- Individual data on employees.
- Budgetary and operational data on programs and services.
- Summary statistics on any of these items.

As shown in table 4, 24 percent of the executives were willing to provide abstracts of records on the patients and clients their organizations serve; 54 percent were unwilling; and 15 percent did not answer the question. Executives of university departments and schools, visiting nurse associations, public social agencies, and hospitals were more willing than the others to

Table 3. Preferences for directory, central registry, and archival forms of information systems

Type organization	N[1]	Directory			Central registry			Archive		
		In favor (percent[2])	Against (percent)	No response or neutral (percent)	In favor (percent[2])	Against (percent)	No response or neutral (percent)	In favor (percent[2])	Against (percent)	No response or neutral (percent)
Hospitals	44 (54)	36	25	39	32	27	41	23	36	41
Planning agencies	19 (22)	42	16	21	21	42	16	26	32	21
University departments and schools	9 (13)	44	22	11	56	0	22	33	22	22
Public social agencies	8 (8)	63	12	12	50	25	12	38	50	0
Local welfare departments	6 (6)	0	17	83	0	17	83	0	33	66
Visiting nurse associations	10 (11)	30	40	20	40	40	10	30	40	20
Private social agencies	11 (14)	18	36	45	9	64	27	9	55	36
Nursing homes	5 (6)	20	80	0	20	80	0	0	80	20
Mental health clinics	20 (24)	35	45	15	40	45	10	25	60	10
Local health departments	9 (14)	33	56	11	11	66	22	22	56	22
Registry and regulatory boards	5 (7)	0	20	80	0	20	80	20	20	60
State research and statistical units	4 (4)	0	75	0	75	0	0	75	0	0
Total	150 (183)	33	32	28	30	36	27	24	41	28

[1] *Refers to the total number of organizations for which information was available for computing the percentages reported. Percentages have been rounded. Numbers in parentheses refer to total number of organizations to which letters were sent.* [2] *Total row percentages cannot always equal 100 because analysts have judged some replies as not applicable.*

Table 4. Willingness to contribute abstracts of patient and client records, employee data, budgetary and operational information, and summary statistics

Type organization	N[1]	Patient and client abstracts			Employee data		
		In favor (percent[2])	Against (percent)	No response or neutral (percent)	In favor (percent[2])	Against (percent)	No response or neutral (percent)
Hospitals	44 (54)	34	43	23	43	30	27
Planning agencies	19 (22)	0	47	32	37	26	16
University departments and schools	9 (13)	44	22	11	33	11	33
Public social agencies	8 (8)	38	50	0	38	38	12
Local welfare departments	6 (6)	17	83	0	17	83	0
Visiting nurse associations	10 (11)	40	40	10	50	40	0
Private social agencies	11 (14)	9	73	18	9	55	36
Nursing homes	5 (6)	20	80	0	20	80	0
Mental health clinics	20 (24)	25	65	5	35	45	15
Local health departments	9 (14)	11	78	11	11	77	11
Registries and regulatory boards	5 (7)	20	60	20	40	40	20
State research and statistical units	4 (4)	0	75	0	25	50	0
Total	150 (183)	24	54	15	34	41	18

Type organization	N[1]	Budgetary and operational information			Summary statistics		
		In favor (percent[2])	Against (percent)	No response or neutral (percent)	In favor (percent[2])	Against (percent)	No response or neutral (percent)
Hospitals	44 (54)	68	14	18	70	14	16
Planning agencies	19 (22)	63	5	11	63	5	11
University departments and schools	9 (13)	44	11	22	44	11	22
Public social agencies	8 (8)	75	12	0	75	12	0
Local welfare departments	6 (6)	17	83	0	83	17	0
Visiting nurse associations	10 (11)	50	30	10	60	20	10
Private social agencies	11 (14)	27	45	27	36	36	27
Nursing homes	5 (6)	20	80	0	0	80	20
Mental health clinics	20 (24)	70	15	10	70	15	10
Local health departments	9 (14)	33	56	11	33	56	11
Registries and regulatory boards	5 (7)	80	20	0	100	0	0
State research and statistical units	4 (4)	75	0	0	75	0	0
Total	150 (183)	57	23	13	62	19	12

[1] *Refers to the total number of organizations for which information was available for computing the percentages reported. Percentages have been rounded. Numbers in parentheses refer to total number of organizations to which letters were sent.* [2] *Total row percentages may not equal 100 because analysts have judged some replies as not applicable.*

contribute abstracts. Between 34 and 44 percent of executives from these organizations indicated willingness. Executives of State research and statistical units, planning agencies, private social agencies, and local health departments were those least willing to contribute abstracts of records. Of course, many planning organizations have no individual records on patients and clients. The few that do would not relinquish control over access to them to "outsiders."

About 34 percent of the executives were willing to share individual information on their employees; 41 percent objected to the proposal; and 18 percent did not reply. Between 40 and 50 percent of executives of State registries and regulatory boards, hospitals, and visiting nurse associations were willing to contribute individual data on employees. Very few executives of private social agencies, local health departments, local welfare departments, and nursing homes were willing to share such information.

About 47 percent of the executives were willing to share budgetary and operational data on their organizations; 23 percent were unwilling; and 13 percent did not reply. Executives of local welfare departments, nursing homes, private social agencies, and local health departments were those least willing to share such information.

Finally, 62 percent of the executives were willing to provide summary statistics on patients or clients, employees, and budgetary and operational data; 19 percent were unwilling; and 12 percent did not reply. Executives of nursing homes, local health departments, and private social agencies were those least willing to give summary statistics on their operations.

Discussion

Behind these findings lie a number of important qualifications and sentiments that spring from considerations of professional ethics and law. Hospital officials, for instance, were only willing to share information conditionally—with the approval of boards of trustees and the resolution of the issues of confidentiality and medical ethics involved. They were willing to release abstracts of records that identify patients by name only with explicit patient authorization.[9]

The argument that a community information system would help improve health and welfare services to the community and, therefore, that organizations and the persons they serve would gain more than they lost from sharing data was not overwhelmingly convincing to the executives taking part in the study. One executive was probably arguing for the many who were suspicious of the intent and outcome of centralizing information on persons when he said:

> Personally, I am *strongly* opposed to any centralization of information about individual patients. The confidentiality would be certain to be jeopardized and the personal aspects of medical/psychiatric care would be short-circuited. With 1984 only sixteen actual years away, I am tempted to say if such a system were inaugurated, I would be inclined to either resign or in a more clandestine way block the so-called efficiency of such an organization at every possible opportunity.

Although this executive's alarm was probably extreme, most executives expected to meet considerable difficulty in sharing information that identifies individual patients and clients, and to a degree, individual employees. Few took exception to releasing summary statistics of various kinds, nor did they often object to making known budgetary and operational data on programs and services—provided the release was cleared by a board of trustees or its equivalent. In sum, the positions taken by the executives did not exceed the bounds of current organizational policies, nor did they promise to ease existing restrictions on access to information.

Work on the design of an information system that attempted to capitalize on seemingly general acceptance of the idea of a community mechanism for collecting, processing, and exchanging anonymous information showed the extent to which differing expectations and competition among agencies stand as obstacles to progress. As indicated by the introductory illustration, most staff members of the 28 casework agencies involved place no premium on systematic statistical reporting. As the client-professional relationship is considered paramount, systematic recordkeeping rates low on the long list of tasks to be accomplished. There is little appreciation of the possibilities that data systematically collected and skillfully analyzed have for administrative decisionmaking and for community planning. Nor should there be, because little "hard" data exist to support the idea that the amount, quality, comprehensibility, and credibility of appropriate information will increase the rationality of decisionmaking.[10]

Under the circumstances, the political dimensions of exchanging and sharing information surpass all other considerations. In a milieu dominated by competition for scarce resources, it is probably inevitable that agencies subject to the budgetary recommendations of community planning councils are uneasy about the image they project through statistics. Understandably,

agencies become anxious when the reason for resource allocation changes (or is unknown). They are likely to ask, "How will a uniform statistical accounting system affect community budgetary decisions?" Because this question is difficult—if not impossible—to answer a priori, the chances of agencies giving full cooperation and support to a community information system centered on planning are slim. No agency wishes to contribute to its own demise or devaluation! To expect agencies to assume some part of the costs of a system ranging between $11,000 and $50,000 a year is to add "salt to the wounds.[11]

At this point, it appears that arguments for and against building urban information systems on certain basic, although imperfect, files of data have reached an impasse.[12] Though at first blush building a system incrementally seems to make good sense, State and local community politics and the organizational stake in controlling the flow of information have impeded productivity. After screening 10 years of literature concerned with urban information systems and visiting and conferring by telephone with officials having the longest experience in developing such systems, Dial was forced to conclude that *"there are no such systems in existence today."*[13]

Implications

Proponents of a system of social indicators to measure social progress in the United States are likely to run into the same obstacles, if they look to existing sources of data at the State and local levels. In this regard, Campbell has observed:

> Those who advocate the use of archival measures as social indicators must face up not only to their high degree of chaotic error and systematic bias, but also to the politically motivated changes in recordkeeping that will follow upon their public use as social indicators.[14]

IN CONCLUSION, the more efficient use of resources, and the better part of valor, may lie in establishing social indicators that rely on periodic sampling surveys, as do, for example, the unemployment and cost-of-living indices. Then, if there is need to examine program effectiveness, attention might well be focused on the major Federal programs (accounting for the more significant expenditures of health and social welfare dollars in the United States) from which to draw statistics centered on social policy.

[1] *U.S. Department of Health, Education, and Welfare,* Toward a Social Report *(Washington: U.S. Government Printing Office, 1969), p. xi.*

[2] *The request for statistics on the number of persons or families served during 1968 reflected prior knowledge that, collectively, the agencies kept accounts on the basis of "persons" or "families"—irreconcilable units of count.*

[3] *Criteria involved in judgment sampling of the universe of health and welfare organizations in Metropolitan Boston were these: the importance of their potential contributions to a community information system or their potential influence on the participation of other selected organizations.*

[4] *See John H. Noble, Jr., and Henry Wechsler, "Feasibility of Developing a Computer-Based Health and Welfare Information System for Metropolitan Boston" (unpublished final report, The Medical Foundation, Inc., Nov. 1968), pp. 85-141, for tabulations of recordkeeping and processing costs data about employees, and structures by the following organizational typology: (1) hospitals employing more than 1,000, 500-999, 100-499, and less than 100 persons; (2) planning agencies employing 400 or more and less than 400 persons; (3) university departments and schools employing 300 or more and less than 300 persons; (4) public social agencies employing 200 or more and less than 200 persons; (5) local welfare departments employing 100 or more and less than 100 persons; (6) visiting nurse associations employing 100 or more and less than 100 persons; (7) private social agencies employing 50 or more and less than 50 persons; (8) nursing homes employing 50 or more and less than 50 persons; (9) mental health clinics employing 25 or more and less than 25 persons; (10) local health departments employing 25 or more and less than 25 persons; (11) registries and regulatory boards; and (12) State research and statistical units. All references in the text to organizations by size refer to this typology.*

[5] *Daniel P. Moynihan, Victor W. Sidel, and James M. Beshers, "Problems and Perspectives in the Design of a Community Health Information System" (unpublished final report of the Project for the Preliminary Design of a Health Information System for Boston, Joint Center for Urban Studies of MIT and Harvard University, Feb. 1969), III-26.*

[6] Ibid., *III-29.*

[7] *The organizations and systems reviewed included these: (1) the outpatient and emergency clinic record system of the New England Medical Center Hospitals; (2) the computerized outpatient and emergency clinic information system of the Children's Hospital Medical Center; (3) the computerized management information system of Associated Catholic Hospitals, Inc.; (4) the morbidity data collection system of the Boston Department of Health and Hospitals; (5) the health and vital statistics system of the Massachusetts Department of Public Health; (6) the morbidity data collection system of the Massachusetts Department of Public Health; (7) the medical assistance information system of the Massachusetts Department of Public Welfare; (8) the utilization and provider service system of Massachusetts Blue Cross and Blue Shield; and (9) the budgetary and service statistics collection system of United Community Services of Metropolitan Boston.*

[8] *Letters asking these questions were sent to 183 executives of the previously described health and social welfare organizations in Metropolitan Boston; 150 (83 percent) replies were received. When 40 percent of the respondents had replied, preliminary analysis found exceptionally favorable trends, and the meaning of no response was interpreted alternatively as a sign of indifference, unwillingness to take or make known a position, or inability to take time out in a busy schedule to reply. Followup and sequential analysis of late replies narrowed the range of possibilities to one: late replies tended to be significantly less favorably disposed toward a system than earlier ones. These trends toward negativism among late responders held for most types of organizations. The trend was reversed, however, for public and private social agencies. The results of this sequential analysis are consonant with those of other opinion surveys: earlier respondents are different from late respondents and persons who do not respond.*

[9] *This policy reflects Massachusetts statutory law barring "hospitals and clinics from turning over their own patient records to the custody or ownership of another agency such as a data bank." William J. Curran, Barbara Stearns, and Honora Kaplan, "Privacy, Confidentiality and Other Considerations in the Establishment of a Centralized Health-Data System,"* New England Journal of Medicine, *July 31, 1969, p. 242; see also Massachusetts General Laws, ch. 111, par. 70.*

[10] *Thus far, experimental studies in three culturally diverse countries (United States, Finland, and Mexico) have shown tentatively that the amount of information available does influence rational behavior toward the values expected in binary-choice situations. See Vincent E. Cangelosi, David M. Robinson, and Lawrence L. Schkade, "The Utilization of Information in Rational Choice: A Cross-National Experiment,"* Social Science Quarterly, *June, 1969, pp. 78-91.*

[11] *Depending on annual case turnover rates, the 28 agencies could be expected to yield between 14,000 and 63,000 records a year for computer processing at an estimated cost per record of 27 cents to 77 cents—the higher costs would be the result of lower volume. The addition of a coordinator-consultant at a salary (including fringe benefits) of $16,500 to $22,000 per year to assist agencies in interpreting and using resulting statistics brought the possible maximum cost of implementing the community information system to $50,002. See John H. Noble, Jr., "Feasible Computer Applications for Family, Child Welfare, and Maternity Home Agencies in Metropolitan Boston: Community Planning and Child-Parent Matching" (unpublished final report, The Medical Foundation, Inc., Feb. 1970), pp. 76-81.*

[12] *See Edward F. R. Hearle, "Urban Management Information Systems" (paper presented at the Symposium on Application of Computers to the Problems of Urban Society, sponsored by the Association for Computing Machinery, New York, Nov. 10, 1967), p. 13, for the explanation for using an incremental method of developing urban informational systems; and O. E. Dial, "Misplaced Priorities in Urban Assistance (or: The Cart's Before the Horse),"* Urban and Regional Information Systems: Service Systems for Cities, *John E. Rickert (Akron: Kent State University, 1969), pp. 32-37, for a provocative argument against such a method.*

[13] *O. E. Dial, "Urban Informanon Systems: A Bibliographic Essay" (unpublished report, Cambridge: Urban Systems Laboratory, Massachusetts Institute of Technology, 1968), p. i.*

[14] *Donald T. Campbell, "Reforms as Experiments,"* American Psychologist, *Apr. 1969, p. 415.*

Public Assistance in May and June 1970

THE 12.2 MILLION PEOPLE who received money payments under the public assistance program in June 1970, the last month of fiscal year 1970, represented an increase of two million, or almost a fifth, over the previous June. The increase affected all programs except aid to the blind (AB). Increases occurred during every month of the year in the programs of aid to families with dependent children (AFDC) and aid to the permanently and totally disabled (APTD), as well as in the total for all programs combined.

The number of AFDC recipients in June 1970—8.3 million—exceeded the number a year earlier by more than a fourth—1.7 million, or 26.1 percent. Nearly three-fifths of the increase came in the last half of the fiscal year, when for each month the increase was the largest for that month since the program began. All but one State—Wisconsin—contributed to the annual increase. Two States—California and New York—each aided more than a million persons in June 1970. The combined total for these two States—California, 1,322,000, and New York, 1,103,000—represented almost 30 percent of the national total in June and accounted for about a fourth (24.2 percent) of the annual national increase. In 13 States the number of recipients in June 1970 was at least a third larger than the year before, and in three States—Oregon, Texas, and Washington—the annual increase was more than 50 percent.

In June 1970, 874,000 people received assistance under the APTD program, an increase of 119,000, or almost a sixth (15.8 percent), from June 1969. Increases occurred over the year in all but three States—Idaho, Louisiana, and Utah. The May-June increase of 25,000—more than double the previous highest single month increase—was atypical. More than half the increase occurred in Pennsylvania, reflecting the State's review of its general assistance (GA) cases and the transfer of about 12,000 persons to APTD as "presumptively eligible."

National changes in the number of persons receiving old age assistance (OAA) or AB were relatively small for the year. The 2,052,000 OAA recipients in June 1970 were about 16,000 more than a year earlier. About half the States aided more OAA recipients than in June 1969, including nine in which the increase was 10 percent or more. The number of AB recipients—80,100—in June 1970 was smaller by 100 than a year earlier. However, 20 States reported

Table 1. Annual increase, fiscal year 1970 over fiscal year 1969, by program

Program	Annual increases, fiscal year 1970 over 1969		Percent of total increase accounted for by each program
	Amount (in millions)	Percent	
Total increase	$2,128.7	20.0	100.0
Medical assistance	627.6	14.2	29.5
Maintenance assistance	1,501.1	24.2	70.5
Money payments	1,296.6	21.2	60.9
AFDC	913.9	28.9	42.9
APTD	169.1	23.8	7.9
OAA	132.2	7.8	6.2
GA	75.1	16.6	3.5
AB	6.6	7.4	.3
Intermediate care facilities	199.4	203.6	9.4
Emergency assistance	5.1	81.2	.2

Table 2. Increase in average monthly payment per recipients, June 1969-70 and June 1968-69, by program

Program	Increase in average monthly payment per recipient	
	June 1970 from June 1969	June 1969 from June 1968
OAA	$4.25	$2.80
AB	6.75	4.25
APTD	8.85	4.55
AFDC	3.35	2.00
GA	6.20	2.70

Material for this article and the next is based on *NCSS Report A-2 (6/70)*. Copies of the report may be obtained by writing the National Center for Social Statistics, Social and Rehabilitation Service, Washington, D.C. 20201.

a net increase over the year, including three with increases of 10 percent or more.

For GA the June 1970 total of 926,000 recipients was 159,000, or over a fifth (20.8 percent), more than in the previous June. The annual percentage changes in numbers of recipients were generally larger both upward and downward among the States than in the federally aided programs. National monthly increases were reported for 9 months of the year; the peak recipient count was reached in April 1970.

Assistance payments from July 1969 through June 1970, the 1970 fiscal year, totaled $12.8 billion, an increase of $2.1 billion, or a fifth (19.9 percent), over the preceding fiscal year. Money payments to recipients amounted to $7.4 billion; medical assistance, $5.1 billion; and emergency assistance and payments to intermediate care facilities combined, $0.3 billion.

The annual increase, by program, and the proportion of the total increase accounted for by each program were as shown in table 1.

Nationally, the average monthly payment per recipient went up in all programs between June 1969 and June 1970. As shown in table 2, the amounts by which payments increased were considerably larger than the 1968-69 annual changes.

Two major events affected the national annual changes. First, a 1967 amendment to the Social Security Act required States, effective July 1, 1969, to reprice their AFDC costs standards to reflect changes in prices occurring since the last repricing and to make adjustments in maximums and other limitations on payments.[1] Second, an increase in social security benefits raised monthly insurance benefits about $10 on the average. Repricing of the cost standards in effect raised assistance payments, particularly in AFDC.[2] The increase in benefit pay-

Table 3.–Recent changes in public assistance: recipients, payments, and money payments per recipient, June 1970 as compared with selected earlier months

Program	June 1968	June 1969	May 1970	June 1970
Recipients of money payments:				
Old-age assistance	2,019,000	2,036,000	2,050,000	2,052,000
Aid to the blind	81,200	80,200	79,900	80,100
Aid to the permanently and totally disabled	670,000	755,000	849,000	874,000
Aid to families with dependent children:				
Families	1,383,000	1,664,000	2,114,000	2,158,000
Recipients	5,609,000	6,577,000	8,142,000	8,291,000
Children	4,207,000	4,893,000	5,992,000	6,091,000
General assistance:				
Cases	353,000	384,000	459,000	458,000
Recipients	732,000	767,000	921,000	926,000
Assistance payments (in 000's):				
Total	$815,718	$939,184	$1,170,880	$1,184,955
Money payments, total	466,061	540,772	669,792	685,336
Old-age assistance	136,756	143,593	154,006	153,425
Aid to the blind	7,388	7,643	8,092	8,173
Aid to the permanently and totally disabled	54,301	64,692	79,396	82,629
Aid to families with dependent children	234,676	288,301	379,539	391,248
General assistance	32,940	36,543	48,759	49,861
Medical assistance, total	349,657	380,383	471,787	469,445
Federally aided	344,890	374,307	465,193	462,867
General assistance	4,767	6,076	6,594	6,578
Emergency assistance	–	–	707	721
Payments to intermediate care facilities	–	18,029	28,594	29,453
Money payments per recipient:				
Old-age assistance	$67.70	$70.50	$75.10	$74.75
Aid to the blind	91.05	95.30	101.30	102.05
Aid to the permanently and totally disabled	81.10	85.65	93.50	94.50
Aid to families with dependent children:				
Average per family	169.65	173.25	179.55	181.30
Average per recipient	41.85	43.85	46.60	47.20
General assistance:				
Average per case	93.25	95.25	106.30	108.85
Average per recipient	44.95	47.65	52.95	53.85

ments would have tended to reduce assistance payments, particularly in OAA, where three-fifths of the recipients also get insurance benefits.[3]

Changes in the average payments in the individual States reflect many influences in addition to those already described. The net effect of all of these was a rise—from June to June—in the average monthly payment per recipient in all but three States for AFDC, in all but four in APTD, and in all but five in AB. In OAA, however, average monthly payments in June 1970 were below the June 1969 average in about a third of the States.

Table 3 shows changes in June 1970 over May 1970 and over June 1969 and June 1968.

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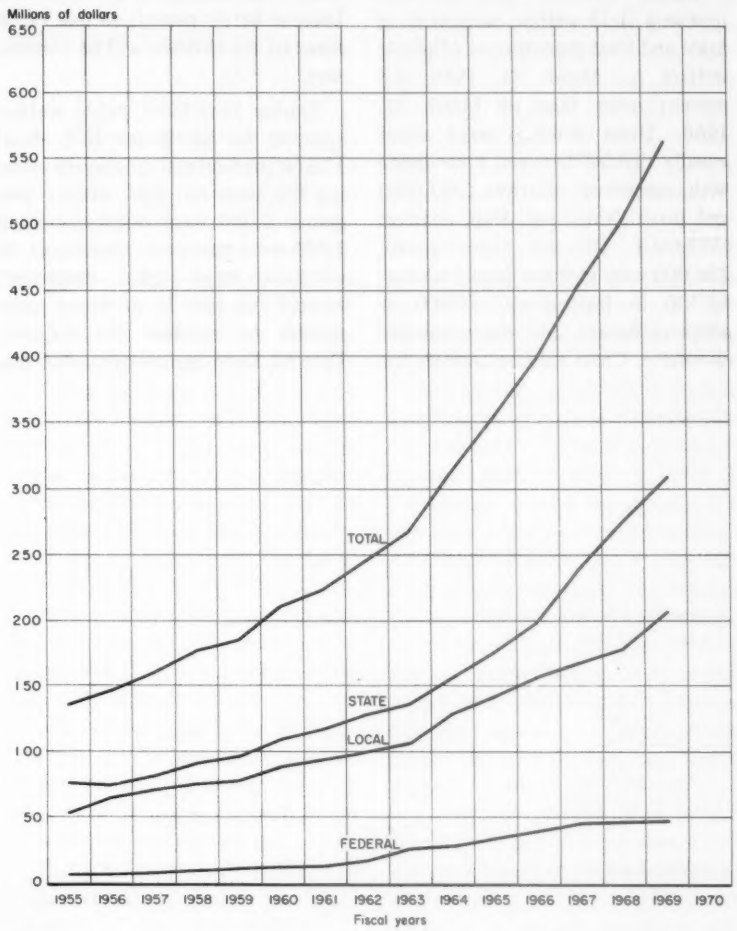
[1] *State detail on June-July 1969 changes in average monthly AFDC payments is shown in* Public Assistance Statistics, NCSS Report A-2, *June 1969.*

[2] *Some States—about eight—also repriced cost standards in the adult programs.*

[3] *See* Public Assistance Statistics, NCSS Report A-2, *Apr. 1970.*

Expenditures of State and local public welfare agencies for child welfare services, by source of funds, fiscal years 1955 to 1969.



Child Welfare Services, 1969

PUBLIC WELFARE AGENCIES expended $563.1 million during fiscal year 1969 for child welfare services. Of this amount, roughly 55 percent ($309.9 million) was from State funds; 37 percent ($206.4 million) from local funds; and only 8 percent from Federal funds. The chart shows the increase in public child welfare expenditures by source of funds since 1955. An additional $39.4 million (not included in the $563.1 million) was expended by State or local welfare agencies in 23 States to operate child welfare institutions or group homes, thus bringing the total for the programs to over $600 million.

Two-thirds of these expenditures ($402.7 million) were foster care payments; that is, payments for children living in foster family homes and in voluntary institutions from which care was purchased and for operating costs of public child welfare institutions. (In addition, about $19 million was expended for foster care under the program of aid to families with dependent children (AFDC) in fiscal year 1969).

Expenditures for salaries and training of workers providing social services to children comprised a fourth of the total ($153.5 million); administrative costs, 4 percent ($25.6 million); and payments for day care, including operation of a small number of day

care centers by welfare departments 3 percent ($20.8 million).

About 694,000 children were receiving child welfare services from State and local departments of public welfare on March 31, 1969, 4.6 percent more than on March 31, 1968. These children were about equally divided between those living with parents or relatives (342,000) and those living apart from relatives (352,000). Of the latter group, 226,000 were in foster family homes, 62,700 in institutions, 44,900 in adoptive homes, and the remainder elsewhere. Child welfare services for children living in their own homes are designed to help parents cope with their children's problems and become better parents so that placement of the children will be unnecessary.

During June 1969, public welfare agencies in all States had about 12,500 professional employees working full time on child welfare programs; 9,000 were caseworkers and 1,800 were casework supervisors. In addition, many other employees worked full time in providing social services to families and children. Thus 42 State agencies reported that 3,400 caseworkers and 500 supervisors were working full time on social services and were assigned to both the AFDC and child welfare programs or to the AFDC program only. (These 42 States had slightly more than a half of all caseworkers and casework supervisors who were assigned to the child welfare service program only—5,200 caseworkers and 900 supervisors.)

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Book NOTES

Better Hospitals Through Better Jobs for the Poor

The New Careers Concept: Potential for Public Employment of the Poor, *Mark A. Haskell (New York: Frederick A. Praeger, Publishers), Praeger Special Studies in U.S. Economics and Social Development, 1969, 115 pp., $10.*

NEW YORK CITY receives in *The New Careers Concept* a plan for helping reduce poverty, increasing municipal hospital efficiency, and filling vacant hospital jobs. Its author, Mark A. Haskell, is an Associate Professor of Public Finance at New York University Graduate School of Public Administration and a specialist in labor economics and public finance.

In making a plea to the city to follow his plan, Haskell cites the accomplishments that have followed the 1966 Scheurer-Nelson Amendment to the Economic Opportunity Act. This legislation implemented the new careers concept by authorizing Federal grants to public service agencies to develop entry level jobs with opportunities for advancement for disadvantaged persons. His plan describes job redesign along the lines of the new careers concept to give opportunities to subprofessional employees to move up and to increase the efficiency of the operations of municipal hospitals, the aspect of public service on which he concentrates.

Correction

In the article, "Racial Equality in Health and Welfare Agencies: New Orleans, 1963-68," in the May-June 1970 issue (pp. 27-28), item 6 of the table should have read as follows: Maintains no separate lists for Negroes.

In elaborating on the new careers concept, Haskell requires that it do more than provide entry level jobs with training toward careers. He recommends that the idea be pushed a step farther and be incorporated into job restructuring. His recommendation will please those who feel that "job breakdown" simply for the sake of hiring the poor is "poor" planning. New careers will bring great opportunities to the poor, but the major beneficiary of job redesign, under Haskell's plan, will be the employer—the municipal hospital. Indeed, his description of the dismal condition of the New York City hospital system makes the redesign of subprofessional jobs the very least change that should be insisted on. He does not, however, discuss whether the changes he suggests can be effective without assessing goals and objectives nor does he discuss the long, hard work required to incorporate such changes into the system.

The deficiencies Haskell describes as having existed in the municipal hospitals for over a decade include inadequate facilities and equipment, as well as lack of workers. Inadequate funds play a large role in these problems, but management problems resulting from inadequate control and resources, poor locations and facilities, and the overwhelming problems of the people the municipal hospital serves are also important aspects. Haskell reviews solutions suggested earlier that have been subjected to small experimentation, including the transfer of all facilities to teaching hospitals and a decentralization to neighborhood health centers. He believes that these ideas will ultimately be rejected in favor of retaining the present arrangements of economic support but under a completely reorganized system administered by a public authority of community leaders. His assumption that management will be improved under these conditions is baffling because he has shown that money and management are major problems. Nevertheless, he sees the manpower shortage as a separate issue, and he proceeds to survey the current and projected manpower problem afflicting the health services.

Among the experiments Haskell describes are those the Veterans Administration (VA) has been conducting since 1957 in different kinds of installations around the country. He also cites other case studies to show how the nursing function has become quite diffuse over the years because of the number of "nonnursing" duties nurses now perform: clerical duties, housekeeping and repair chores, and laboratory and pharmacological services. Findings from nurses' job activity logs kept for a study in Colorado in 1961 showed that only 40 percent of a nurse's time was consumed by nursing activities. Such waste in professional manpower points up the need for the realignment of job activities and functions, including more housekeeping employees and clerks and better organization of technical services. These results have been upheld by followup studies and projects carried out in other parts of the country.

The solution, according to Haskell, is complete job redesign so that career ladders can be built on which the poor can advance in various fields according to their interests and capabilities. This redesign would require an analysis of all hospital occupations: identifica-

tion of the tasks of each job, the time each consumes, and the knowledge or skill that each requires. He suggests that this information can be assembled by trained job analysts through interview and observation or, more economically, from work diaries prepared by workers, using methods applied in the VA nursing studies. (The book's appendix includes the VA's coding system for tasks and kinds of skill for use as a preliminary guide for analysis of hospital occupations.) He ties the classification to education for ease in coding, but he recommends that education be dropped as a prerequisite for many jobs calling for other than academic knowledge. A difference between job restructuring with career ladders and diagonal mobility and merely weeding out unskilled tasks from the professional jobs is implicit for more effective use of nurses in some of the studies Haskell cites. Weeding out low level tasks and assigning them to less skilled persons, though it releases the professional person for better use of his time, can lead to repetitious and uninteresting dead end jobs that offer the worker little or no job satisfaction. Implementing these jobs by adding related or sequential activities or expanding them through training that leads to promotion is a restructuring rather than a mere fragmenting process.

Many problems remain, as Haskell knows. He does not duck the debate brought on by the view of those professional persons who object to relinquishing any of the "rites" (in exchange for supervising ancillary workers) of their professions to lesser skilled persons. Many professional persons have a realistic fear of blunting their professional sensitivity and skill if they are deprived of patient contact. Although he has no solution, Haskell implies that compromise is needed when he emphasizes the point that occupations in New York municipal hospitals offer employees no place to go. He shows that a job structure with grade levels that skip from 7 to 10 to 13 and offer no training between are inefficient as well as unfair.

The implications Haskell draws for education speak to a number of problems simultaneously. Besides challenging some of the basic principles of professional training, he emphasizes the need for cooperation between such organization as the hospital and the community. The emergence of the community college, with its emphasis on vocational and professional training, could relieve the hospital of training time and costs and be an asset for the community. Of course, such plans are not without opposition and their implementation fraught with completely new sets of problems.

In his final chapter Haskell examines statistics on manpower shortages throughout New York's municipal government. He finds that some departments such as Education, the Relocation and Housing Authority, the Housing and Redevelopment Board, and some sections of the Department of Hospitals would seem to lend themselves more readily than others to the use of part-time employees to supplement full-time employees, thus increasing the employment potential of women. Particularly where flexibility to fill one full-time job with two part-time employees is granted, shortages could be partly relieved in clerical positions, social work, dietetics, and occupational and physical therapy. Although the restructuring of jobs may not be universally applicable, he concludes that the new careers concept of using potential wherever it lies could certainly help solve many manpower problems. However, he thinks that agencies must be willing to examine job requirements to see where restrictions on education are too rigid and where licensing procedures limit the professions unnecessarily.

Haskell's proposal is not a cure-all for the ills afflicting the municipal hospital. It hedges on its "diagnosis" and prescription for remedying the weaknesses of the basic structure. It assigns greater "healing" power to the reduction of discrepancies in tasks and salaries than such reduction can provide. It leaves unanswered questions on the complications of implementation. Yet the positive attributes of the plan are many. It suggests dimensions for new careers that give direction to activities that can flounder unproductively without proper planning. It points up the necessity of long-range design. It proposes to meld the idea of new careers into the social system for the betterment of the system itself, as well as for relieving the manpower shortage. Job and occupation redesign is a step in the right direction, one that could carry us far if matched with commensurate strides in structural redesign. How far it can go while confined to a framework of antiquated systems of administration and management is quite another question.

THE READER who is interested in pursuing New York City's hospital job redesign in detail can turn to the current work of Eleanor G. Gilpatrick. Her Health Services Mobility Study, sponsored by The Research Foundation, City University of New York, completely describes the conceptual and methodological problems and offers solutions to them.

HARMOLYN WALKER

Four Looks at the Troubles of Our Cities

Delivery Systems for Model Cities: New Concepts in Serving the Urban Community, *Eddie N. Williams, ed., Chicago: University of Chicago Center for Policy Study and Center for Urban Studies, 1969, 111 pp., $1.75.*

Economics and Urban Problems: Diagnoses and Prescriptions, *Dick Netzer, New York: Basic Books, Publishers, 1970, 213 pp., $5.95.*

Urban Planning for Social Welfare: A Model Cities Approach, *Edward M. Kaitz and Herbert Harvey Hyman, New York: Praeger Publishers, 1970, 241 pp., $15.*

Urban Processes As Viewed by the Social Sciences, *Kenneth J. Arrow, James G. March, James S. Coleman, and Anthony Downs, Washington: Urban Institute, 1970, 79 pp., $1.95.*

URBAN DECAY, that lingering and pervasive problem, is the theme of an increasing number of books, articles, and pamphlets. These four volumes are recent additions to the growing list. Each discusses various dimensions of the subject such as financial problems; suburban growth; institutional discrimination; overlapping large city organizations; alienated, uneducated minority groups; and so on. And each recommends or identifies ways that could at least partly solve the problems.

Because these volumes are centered on solving problems, they are intended for social work practitioners. This is particularly true of *Urban Planning for Social Welfare* and *Delivery Systems for Model Cities*: their purpose is to discuss and assess Model Cities planning, the first in New York, the second in Chicago. *Economics and Urban Problems* is written for the social planner or layman who needs an overview of the critical economic conditions affecting urban life. And *Urban Processes As Viewed by the Social Sciences* should be directly useful to social scientists in identifying theories about the underpinnings of urban decay. For all their practicality, these volumes should be useful to researchers in generating hypotheses about urban problems.

Urban Planning for Social Welfare was written by two social scientists, Edward M. Kaitz and Herbert Harvey Hyman, who were intimately involved in the New York City Model Cities program during its gestation. They apply the insight of experience to analyzing the planning process, particularly as the process relates to the roles of officials and the citizens they serve. In defining the underlying causes of urban decay by political and sociological reasoning, they say that poverty in the city is caused by powerlessness and a breakdown in personal relationships, as well as by the migration of the middle class to the suburbs, a movement that takes with it the city's economic vitality.

In *Urban Planning* Kaitz and Hyman relate as well as analyze the evolution of New York City's Model Cities program. They discuss in detail the hypothesis behind the Model Cities program: a decaying urban neighborhood can be improved by a many-sided and coordinated attack on its major problems, involving both agencies and residents, by greatly increasing the community's income. To the question, Is a neighborhood within a city a superficial boundary for dealing with the causes of decay? they answer, in effect, no. Rather, a "transmission" belt is needed to allow residents to deal with institutional problems that involve more than the model neighborhood.

Kaitz and Hyman discuss interagency coordination throughout the volume by illustrations from their experience in trying to mobilize the joint resources of various public and private institutions. They found it a herculean task to coordinate the activities of large-scale agencies, despite reorganizations and attempts to cut through redtape. They candidly admit that they "do not know how to create a sense of community," or "how to improve on it," or how to "use it as a social force in creating a better society for all."

On the assumption that citizens ought to take part in decisionmaking, they describe plans for citizen participation. Single citizen groups, they believe, are almost impossible in a pluralistic urban culture. A federated structure can be a contravening force against the wishes of city hall; at the same time, a coalition of various civic groups is weak except in crises. Their analysis of the balance of power between the leaders of the poor and the city's political and administrative leaders suggests ways that officials can collaborate with the persons they are supposed to serve.

Perhaps the book's most valuable contribution is its description of the analytical framework New York City used to identify "across the board" problems and political solutions to them. This framework offers a wealth of material for urban program development. It is unfortunate that the authors' assessment of New York City's program does not go beyond the planning period!

Delivery Systems for Model Cities is also about the Model Cities program, but in Chicago. It contains a series of papers about effective service delivery, presented at a conference sponsored by the Center for Policy Study, University of Chicago, for

faculty members of the University. The purpose of the conference was to explore means of improving the quality of urban life through more efficient and effective delivery systems. The model discussed was the Woodlawn Model Cities Plan, prepared by residents of Woodlawn, a ghetto area in Chicago adjacent to the University. The underlying assumption of the essays is that "social welfare systems are programs by which necessary services–health care, welfare, education, legal aid, housing, employment opportunities, etc., are channeled to people who need them."

Jack Meltzer and William Swenson discuss the need for centralizing institutions and agencies in metropolitan areas. At the same time, they point out that central city agencies can better get at problems if they develop and use existing neighborhood agencies. The idea is to improve service delivery by integrating agency functions in the neighborhood and to make them more responsive to local needs. Under the Woodlawn Plan all agencies would be set up in the neighborhood so that the same physical boundaries would apply for public assistance, education, health, and other activities. The idea is similar to the multiservice center idea except that government agencies and universities would work under community direction.

Other articles also stress the importance of community-based services. Swenson and Robert V. McKersie assert that more vitality and growth in a neighborhood's economic system are the goal of neighborhood efforts to promote service centers. Community enterprises must be individually not cooperatively owned. Philip H. Ginsburg says that ultimately legal service programs must be community operated. Harold A. Richman, Willard J. Congreve, and Robert S. Daniels contend that if their quality is to be improved, health, social, and education services must be offered not just to the poor but to everyone. At the same time, social services must center on results not processes, for processes nurture and support professional practices that do not necessarily respond to citizens' needs. And Daniels, in another article, points out that a model medical system would emphasize local outreach, local services, and the use of local nonprofessional persons as the principal resource of delivery system.

In summary, *Delivery Systems for Model Cities* offers a potpourri of insight into improving the social service delivery system. It also contains the model for the Woodlawn Model Cities Plan, which includes some potentially effective programs–experimental schools, a housing and economic development corporation, and a neighborhood coordinated outreach system.

Economics and Urban Problems basically reiterates much of what has been said about the critical dimensions of the urban crisis, but with a difference. As the author, Dick Netzer, presents these problems from the economist's view, the "laundry list" has a different focus.

Netzer contends that the central problem is the city's diminishing financial base due to the migration of industry and middle class families out of the city. He offers no novel or new solutions; rather, he comments on a broad range of existing solutions such as subsidizing inner city housing, economic development, Federal and State tax credits, income maintenance, and improving urban-suburban transportation systems. Although he reviews a large number of policy alternatives, his major purpose is not to recommend a particular set of policies but to illustrate the application of economic reasoning to the problems of financing urban government.

This book is important not for its substantive material but for the economic framework used to discuss urban problems. Too often academicians and practitioners involved with urban problems ignore the economic variables that may be central to solving the city's problems. Netzer brings them center stage.

Urban Processes As Viewed by the Social Sciences contains documents from a symposium organized by the Urban Institute for the National Academy of Sciences. Presented from a theoretical perspective, their

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About the reviewers . . . .

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theme is that deeply ingrained social processes are the crux of the urban dilemna.

Kenneth J. Arrow, an economist, sees the price system and market as the principal "engine" of urban growth. Although the price system efficiently allocates scarce resources, it has two major inequalities: it does not tend to distribute income equally and does not promote ethical behavior and justice among key actions of the system.

James March, a political scientist, focuses on the political system, particularly on how it trys to compensate for the inequalities in the price system. He contends that political systems have serious flaws. We need more enlightened leaders and better brokerage to bring "equality" and "justice" to them.

THESE FOUR BOOKS offer insight into a variety of subjects and are valuable for that reason. Their weakness is not with what they deal but with what they don't. They seldom mention or analyze the many influences of the political structure of each city on solving urban problems. Because political influence varies in different cities, we need analyses of the political and cultural conditions of various cities with diverse characteristics and problems. And international illustrations of urban problem-solving could shed new light on the perspective of American urbanologists.

Despite these deficiencies, these books contain a wealth of information about urban issues and urban problem-solving, and are, therefore, recommended reading for practitioners as well as laymen. Nevertheless, I hope that new studies will begin where these books leave off.

PATRICIA S. A. ARNAUDO

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Department of Health, Education, and Welfare

The health professions educational assistance program: report to the President and the Congress. Sept. 1970, 206 pp. *Concerns Federal assistance in the education of professional workers in medicare, osteopathic medicine, dentistry, optometry, podiatric medicine, pharmacy, and veterinary medicine.*

Social and Rehabilitation Service

Assessments completed and referrals to manpower agencies by welfare agencies under work incentive program for AFDC recipients, July-September 1969. *National Center for Social Statistics, Report E-5. 1969, 3 pp. and 8 tables. Presents data on the public assistance aspects of the WIN program.*

America's best hope. *Youth Development and Delinquency Prevention Administration, SRS-JD-156. 1970, 12 pp. Summarizes the major features of the Juvenile Delinquency Prevention and Control Act, lists State-designated agencies, and contains information on where to write for help.*

Concurrent receipt of public assistance money payments and old-age, survivors, and disability insurance cash benefits by persons aged 65 or over, 1948-1970 and February 1970. *National Center for Social Statistics, Report G-2. 1970, 1 p. and four tables. Provides data on concurrent payments received nationally for specified years and for the States for Feb. 1970.*

Findings of the 1967 AFDC study: data by State and census division, Part I. Demographic and program characteristics, *National Center for Social Statistics, Report AFDC-3, July 1970, 5 pp., 134 tables, and 2 appendices. Provides information on selected demographic and program characteristics of 1.3 million families receiving assistance under the program of aid to families with dependent children (AFDC) in Nov.-Dec. 1967.*

Findings of the 1967 AFDC study: data by State and census division, Part II. Financial circumstances. *National Center for Social Statistics, Report AFDC-4. Aug. 1970, 5 pp., 134 tables, and 2 appendices. Provides information on the economic status of AFDC families—their need for income as recognized under State programs and the amounts of income obtained from each source.*

State data book: Federal-State program of vocational rehabilitation, fiscal year 1969. *Division of Statistics and Studies, Rehabilitation Services Administration. [undated] 23 pp. Contains statistical and financial information on the operations of State vocational rehabilitation agencies.*

State responsibility for juvenile detention care, *by John J. Downey. Youth Development and Delinquency Prevention Administration, SRS-JD-135/1970. 1970, 16 pp., 20 cents. Discusses State responsibility in providing adequate detention for delinquency when necessary.*

Why children are in jail and how to keep them out, *by John J. Downey. Youth Development and Delinquency Prevention Administration. [undated] 8 pp. (reprint from* Children, *Feb. 1970). Discusses why some children are jailed; why some of them should not be jailed; and alternative actions.*

Social Security Administration

Denied disability insurance applicants: a comparison with beneficiaries and nonapplicants, *by Philip Frohlich. Office of Research and Statistics. Sept. 1970, 23 pp. Examines applicants who apply for disability benefits but fail to qualify in comparison with those who do.*

Health insurance for the aged: number of hospital and extended care facility admissions by State, fiscal years 1967-69, *by Eugene Carter and Newton Dikoff. Division of Health Insurance Studies, Office of Research and Statistics. Oct. 1970, 8 pp. and 2 tables. Lists number of admissions for hospitals and extended care facilities under medicare program.*

Projections of national health expenditures, 1975 and 1980, *by Dorothy P. Rice and Mary F. McGee. Division of Health Insurance Studies, Office of Research and Statistics. Oct. 1970, 13 pp. Projects the national health expenditures for 1975 and 1980, based on trends established between 1960 and 1968.*

Social security programs throughout the world. *1970, 249 pp., $2.75. Describes social security programs over the world, from Afghanistan to Zambia.*

Family income of the disabled, *by Idella G. Swisher. Office of Research and Statistics. Oct. 1970, 32 pp. Presents data from the 1966 Social Security Survey of Disabled Adults on family and disability unit income for disabled persons age 18-64 not in institutions.*

President's Task Force on the Mentally Handicapped

Action against mental disability: report. *1970, 72 pp., 35 cents. Contains sections on prevention, treatment, and short-term care; rehabilitation and extended care; social problems; research; and costs.*

President's Task Force on the Physically Handicapped

A national effort for the physically handicapped: report, *1970, 34 pp., 25 cents. Includes recommendations concerning the handicapped, suggesting extension of medicare and medicaid benefits, action by the Social and Rehabilitation Service, employment, and rehabilitation.*

Non-Government

Direct Inquiries and orders to the publisher or issuing agency.

Adolescents: behavior and development, *by Boyd R. McCandless. Dryden Press, Hinsdale, Ill. 1970, 515 pp., $9.95. Describes biological, personal, and social changes specific to adolescents.*

Adopting older children, *by Alfred Kadushin. Columbia University Press, 440 West 110th St., New York, N.Y. 10025. 1970, 245 pp., $10. Describes the experience of parents who adopted children 5 years of age or older.*

America against poverty, *by Edward James. Routledge and Kregan Paul, London, England. 1970, 126 pp., $4. An Englishman presents his view of poverty in the United States.*

America's changing environment, *Roger Revelle and Hans H. Landsberg, eds. Houghton Mifflin, 2 Park St., Boston, Mass. 02107. 1970, 314 pp., $6.95 (Daedalus library, vol. 15). Economists, city planners, political scientists, and conservationists describe the causes of environmental blight and suggests ways to root them out.*

American social welfare institutions, *by Russell E. Smith and Dorothy Zietz. John W. Wiley & Sons, Inc., 605 3d Ave., New York, N.Y. 10016. 1970, 363 pp., $9.95. Discusses the past, present, and future of certain programs, emphasizing, first, the political, legal, economic, and religious-ethnical development of social welfare and, second, the professions involved.*

Annual price survey: family budget costs, October 1969, *by Budget Standard Service, Community Council of Greater New York. The Council, 225 Park Ave., So., New York, N.Y. 10003. 1969, 57 pp., $2.50. Presents data on costs for individual family members by age and sex and a retail price list for various goods and services related to the cost data.*

Behind ghetto walls: black families in a Federal slum, *by Lee Rainwater. Aldine Publishing Co., 320 W. Adams St., Chicago,*

Youth and Violence

Youth and Violence, by Marvin E. Wolfgang. Youth Development and Delinquency Prevention Administration, 1970, 91 pp., 55 cents.

COMPARED TO ADULTS, few young people commit serious crimes of violence, and most of the crimes they do commit are not violent, according to this comprehensive study of young people and violence. Prepared by a sociologist at the University of Pennsylvania, *Youth and Violence* was published for professional persons in the fields of delinquency prevention and youth development to give them a view of current opinions in their fields. Its principal chapters discuss what it means to be young, ...cialization into violence, criminogenic forces in the city, student violence, and society's response to violence in the young.

Wolfgang believes that group violence has many causes, though the underlying conditions are often similar. When enough people come together who feel that they are oppressed or blocked in their desire to change policy, that they have no part in making decisions affecting their lives, or that they are repressed and exploited, the conditions of violence are present. The young are particularly susceptible to such conditions. Moreover, violence is a learned response. A person growing up in a culture accepting violence in everyday life learns to think of violence as a normal response to his environment. Young people cannot be blamed for a "society that yields violence because it fails . . . to move more vigorously to reform cities of blight and organized crime, or to control the manufacture and sale of guns."

In his chapter on student violence, Wolfgang points out that most student protest has not been violent. It has "captured the sentiments of many who are no longer young," and its effects are systemic. Student activists, he believes, are trying to enforce their parents' standards, not rebelling against them. They are often good students, from homes where esthetic and intellectual interests rank higher than materialism. He sees violence among students as dwindling because students from middle class families do not support its use.

Yet, Wolfgang concludes, for all their protest, the young rely on the "patience, understanding, tolerance, and responsibility of the older generation to check their escalating demands at the crunch point of the utterly impossible." The "older generation," for its part, relies on the young to "provide the pressure needed to question and reform" the social system.

Ill. 60606. 1970, 446 pp., $12.50. Brings to light the "family lives of some 10,000 children and adults" living in an "all-Negro public housing project in St. Louis."

Beyond the couch, *by Alexander Wolf and others. Science House, Inc., 59 Fourth Ave., New York, N.Y. 10010. 1970, 364 pp., $12.50. Deals with problems in treating patients in a group from a clinical understanding of the psychodynamics of the individual person and the necessities of the group.*

A casebook in social work administration, *Harry A. Schatz, ed. Council on Social Work Education, 345 E. 46th St., New York, N.Y. 10017. 1970, 129 pp., $6. Reports on the need for teaching materials to promote, support, and improve new educational programs for social work administrators.*

The changing position of philanthropy in the American economy, *by Frank G. Dickinson (introduction by Solomon Fabricant). Columbia University Press (for the National Bureau of Economic Research), 2960 Broadway, New York, N.Y. 10027. 1970, 222 pp., $6. Studies the sources of both public and private philanthropy in 1929-50 and the persons who received it.*

Citizen boards at work: new challenges to effective action, *by Harleigh B. Trecker. Association Press, 291 Broadway, New York, N.Y. 10007. 1970, 288 pp., $7.50. Offers a guide for board members of educational, welfare, health, and other kinds of social agencies.*

Community control: the black demand for participation in large American cities. *Pegasus Books, 70 5th Ave., New York, N.Y. 10011. 1970, 238 pp.,* **$6.95.** *(An Urban Institute publication; Pegasus series on decentralization and the urban crisis, vol. 1). Analyzes the question of community control of public services in urban ghettos, emphasizing the aspects of participation that cut across functional policy.*

Community organization curriculum in graduate social work education: report and recommendations, *by Arnold Gurin. Council on Social Work Education, 345 E. 46th St., New York, N.Y. 10007. 1970, 200 pp., $4. Reports on a 3-year comprehensive study of the community organization curriculum in graduate social work education sponsored by the Council.*

The computer impact, *Irene Taviss, ed. Prentice-Hall, Inc., Englewood Cliffs, N.J. 07631. 1970, 297 pp., $7.95. Authorities in the fields concerned discuss the effects of computers on business, government, schools, culture, law, social planning, and the like.*

Consumer swindlers and how to avoid them. *by Kohn L. Springer. Henry Regnery Co., 114 W. Illinois Ave., Chicago, Ill. 60610. 1970, 246 pp., $5.95. Tells how to recognize fraud and how to get the most value from money spent on repairs, home improvements, investments, medicine, bargain sales, and the like.*

Crime and delinquency, *by Martin R. Haskell and Lewis Yablonsky. Rand McNally, Box 7600, Chicago, Ill. 60680. 1970, 517 pp., $8.25. Analyzes the problems of crime and delinquency to provide a portrait of their dimensions and nature; offers implied and specific recommendations for solving them.*

Criminal justice, *by Abraham S. Blumberg, Quadrangle Books, Inc., 180 N. Wacker Drive, Chicago, Ill. 60606. 1970, 212 pp., $2.95. Presents a sociological analysis of our criminal court system.*

Crisis in American institutions, *Jerome H. Skolnick and Elliott Currie, eds. Little, Brown & Co., 34 Beacon St., Boston, Mass. 02106. 1970, 483 pp., $4.95. Contains readings by "system-wide problems," including inequality, racism, corporate power, militarization, and "institutions in crisis" such as education, the social services, and justice.*

Depth and extent of the geriatric problem: authoritative original contributions, *Minna Field, ed. Charles C. Thomas, Publisher, 301 E. Lawrence Ave., Springfield, Ill. 62703. 1970, 277 pp., $12.75. Specialists consider the effect of longevity on the person, his family, and his community.*

Divorce and after, *Paul Bohannan, ed. Doubleday and Co., 501 Franklin Ave., Garden City, N.Y. 11530. 1970, 301 pp., $6.95. Analyzes the emotional and social problems divorce brings to those involved.*

Family budget standard, *by the Budget Standard Service, Research Department, Community Council of Greater New York. The Council, 225 Park Ave. So., New York, N.Y. 10003. 1970, 76 pp., $4. Contains quantity and cost budgets specifying current standards of adequate consumption for self-supporting families in New York City; analyzes the different requirements of each family member, by age, sex, family status, and employment status.*

The future of inequality, *by S. M. Miller and Pamela A. Roby. Basic Books, Inc., 404 Park Ave. So., New York, N.Y. 10016. 1970, 192 pp., $7.95. Presents views about the poor and troubled people of our society and what this country must do to gain social health.*

Gerontology: an annotated bibliography of selected publications available in the Dwight Waldo Library, *compiled by Louis Kiraldi. Western Michigan University, Kalamozoo, Mich. 49001. 1970, 47 pp., $2. Lists guides, handbooks, dictionaries, encyclopedias, bibliographies, periodicals, indices, abstracts, dissertations, statistical sources, directories, and State and Federal documents as sources for the study of gerontology.*

The golden years . . . a tarnished myth (Project FIND report, prepared for the Office of Economic Opportunity Project Friendless Isolated Needy Disabled), *compiled by Geneva Mathiasen. National Council on the Aging, Inc. 1970, 160 pp. (Direct request for single copies to 1828 L St. N. W., Washington, D.C. 20036). Reports on an investigation into the "realities of poverty" and their extent and effect on income, diet and health, housing and transportation, medical care, and the like.*

Governing nature, *by Earl Finbar Murphy. Quadrangle Books, Inc., 12 East Delaware Pl., Chicago, Ill. 60611. 1970, 333 pp., $2.95. Assesses the state of the air, water, and forests around us, as well as the costs, conflicts, and choices we face in creating an attractive environment; argues that man's activity in an urban, industrial, technological society forces him to assume control of nature.*

Graduate professional schools of social work, *by the Council on Social Work Education. The Council, 345 E. 46th St., New York, N.Y. 10017. July 1970, 18 pp., free. Lists accredited schools offering master's and post-master's programs and new schools working toward accreditation.*

Group counseling, *by Merle M. Ohlsen. Holt, Rinehart & Winston, Inc., 383 Madison Ave., New York, N.Y. 10017. 1970, 303 pp., $7.50. Discusses the role of the counselor, group dynamics, goals, role playing, and methods.*

Guide to ideas on drug abuse programs and policies, *by Paula Gordon. Committee for Psychedelic Drug Information, P.O. Box 851, Berkeley, Calif. 94701. 1970, 36 pp., $2.50 contribution. Includes a variety of material on current drug abuse programs, the use of media in drug abuse education, the use of former drug users in drug abuse programs, tips on counseling methods; a summary and a budget for a drug abuse counseling program in a San Francisco Bay high school; and an outline of an M.A. curriculum for drug abuse education.*

An introduction to social research, *by Hubert M. Blalock. Prentice-Hall, Inc., Englewood Cliffs, N.J. 07632. 1970, 120 pp., $5.95. Describes some of the basic issues in social science research; includes material on experimental design and measurement.*

Labor economics, *by C. Glyn Williams. John W. Wiley & Sons, Inc., 605 3d Ave., New York, N.Y. 10016. 1970, 484 pp., $9.95. This discussion of labor manpower supply and demand and collective bargaining and the economy includes chapters on Negro employment patterns and protective labor legislation such as social security, medical aid, and limits on work hours.*

Mill child, *by Ruth Holland. Crowell-Collier Press, 201 Park Ave., So., New York, N.Y. 10003. 1970, 138 pp., $4.50. Narrates, with illustrations, the history of child labor in the United States, including the predicament of today's young migrant farmhand.*

The morality of abortion: legal and historical perspectives, *John T. Noonan, Jr., ed. Harvard University Press, 79 Garden St., Cambridge, Mass. 02138. 1970, 276 pp., $8.95. Questions current attitudes toward abortion.*

National seminar on the aging . . . served by and serving as subprofessionals: proceedings. *American Public Welfare Association, 1740 Broadway, New York, N.Y. 10019. 1970, 64 pp., free. Explores the use of other persons as employees of social agencies in developing new methods to improve services to older persons and to provide rewarding activity to older persons who want to work.*

1970 legislation on aging in New York State. *Department of Public Affairs, Community Service Society of New York, 105 E. 22d Street, New York, N.Y. 10010. 1970, 37 pp., free. Reports on a citizen's committee on aging that worked toward the adoption of measures for the improvement of social conditions that affect the lives of older men and women.*

Permanent poverty: an American syndrome, *by Ben B. Seligman. Quadrangle Books, Inc., 12 East Delaware Place, Chicago, Ill. 60611. 1970. 238 pp., $2.95. Reports on the historical background of the poverty problem; describes the major poverty areas; and gives an assessment of the politics of the Kennedy antipoverty program.*

Population and people, *by Edward G. Stockwell. Quadrangle Books, Inc., 12 E. Delaware Pl., Chicago, Ill. 60611. 1970, 307 pp., $2.95. Provides information about and analyses of the population, particularly the relation between population trends and such social problems as poverty, birth control, urban congestion, and environmental pollution.*

Poverty in affluence: the social, political, and economic dimensions of poverty in the United States, *Robert E. Will and Harold G. Vatter, eds. Harcourt, Brace & World, Inc., 757 3d Ave., New York, N.Y. 10017. 1970, 2d ed., 243 pp., $3.50. Contains material selected from a "large pool of books, articles, government documents, pamphlets, and newspaper clippings" published since 1965 on the subjects indicated.*

Prisoners of culture, *by George A. Pettitt. Scribner's Sons, 597 5th Ave., New York, N.Y. 10017. 1970, 291 pp., $8.50. Tries to determine the causes for the "personality storms which lead to truancy from educational opportunity, delinquency and criminal rebellion against cultural rules [and] retreat from reality into mental illness. . . ."*

Problems and progress in medical care, *Gordon McLachlan, ed. Oxford University Press (for the Nuffield Provincial Hospitals Trust), 1600 Pollitt Dr., Fair Lawn, N.Y. 07410. 1970, 204 pp., $5.75 (essays on current research, 4th series). Discusses management problems faced by England's National Health Service.*

A question of priorities: new strategies for our urbanized world, *by Edward Higbee. William Morrow and Company, 788 Bloomfield Ave., Clifton, N.J. 07012. 1970, 214 pp., $6. Presents arguments for remodeling the 19th century agricultural pattern of U.S. social, political, and economic institutions to meet current urban needs.*

A reader's guide to the social sciences, *Bert F. Hoselitz, ed. The Free Press of Glencoe, 60 5th Ave., New York, N.Y. 10011. 1970, rev. ed., 425 pp., $8.95. Describes the literature of and reference works in the fields of sociology, anthropology, psychology, political science, economics, and geography; includes an extensive general bibliography.*

Readings on the sociology of small groups, *Theodore M. Mills and Stan Rosenberg, eds. Prentice-Hall, Englewood Cliff, N.J. 07632. 1970, 247 pp., $4.50. The readings presented here represent many methods, try to cast new light on current thought, and present leads for development.*

Setting national priorities: the 1971 budget; *by Charles L. Schultze and others. Brookings Institution, 1775 Massachusetts Ave., N.W., Washington, D.C. 20036. 1970, 192 pp., $6.50. Examines the Federal budget, considers its effects on the national economy, and reviews specific programs including those in health, education, and income maintenance.*

Social functioning framework: an approach to the human behavior and social environment sequence, *by Ruth M. Butler. Council on Social Work Education, 345 E. 46th St., New York, N.Y. 10017. 1970, 52 pp., $3. Discusses the social work curriculum in relation to teaching and learning on the graduate level.*

Social problems in modern urban society, *by S. Kirson Weinberg. Prentice-Hall, Englewood Cliffs, N.J. 07632. 1970, 2d ed., 566 pp., $9.95. Contains recent information about the rise and persistence of urban problems, including racial tension, poverty, and crime.*

Social science and national policy, *Fred R. Harris, ed. Aldine Publishing Co., 320 W. Adams St., Chicago, Ill. 60606. 1970, 152 pp., $5.95 (Trans-action book No. 10). Contains descriptions of social problems and suggestions for solving them by Lee Rainwater, Daniel P. Moynihan, W. Willard Wirtz, Senator Walter F. Mondale, and other sociologists and public figures.*

Social stress, *by Sol Levine and Norman A. Scotch. Aldine Publishing Co., 320 W. Adams St., Chicago, Ill. 60606. 1970, 295 pp., $9.75. Considers the causes of stress and of the physical, psychological, or behavioral pathology that may result.*

Social work practice: a response to the urban crisis, *by Carol H. Meyer. The Free Press of Glencoe, 60 5th Ave., New York, N.Y. 10011. 1970, 227 pp., $5.95. Provides a "conceptual framework within which students and professionals can fit" their practice methods.*

The sociology of organizations: basic studies, *Oscar Grusky and George A. Miller, eds. The Free Press of Glencoe, 60 5th Ave., New York, N.Y. 10011. 1970, 592 pp., $11.95. Contains readings taken from classical theorists and other writers on bureaucracy, control, professionalization, and succession.*

Strong family, strong child, *by Barry Bricklin and Patricia M. Bricklin. Delacorte Press, 750 3d Ave., New York, N.Y. 10017. 1970, 228 pp., $5.95. Describes the "art" of parents and social agencies working together to develop a healthy child.*

Systemic planning: theory and application, *by Anthony J. Catanese and Alan W. Steiss. D.C. Heath & Co., 125 Spring St., Lexington, Mass. 02173. 1970, 376 pp., $15. Describes a method of dealing with several subjects in the field of urban planning, using PPBS and physical development models and tools.*

Training and jobs for the urban poor, *Committee for Economic Development. The Committee, 715 5th Ave., New York, N.Y. 10022. 1970, 78 pp., $1.25. Discusses employment, poverty, and various kinds of training programs in large cities and recommends a manpower policy.*

Uptown: poor whites in Chicago, *by Todd Gitlin and Nanci Hollander. Harper and Row, 49 E. 33d St., New York, N.Y. 10016. 1970, 435 pp., $10. Describes how Southern white persons are "victimized" in Chicago and their struggle to organize and resist.*

Youth against the world, *by Marjorie Hope. Little, Brown & Co., 34 Beacon St., Boston, Mass. 02106. 1970, 409 pp., $7.95. Discusses young people and their movements in the last 20 years.*

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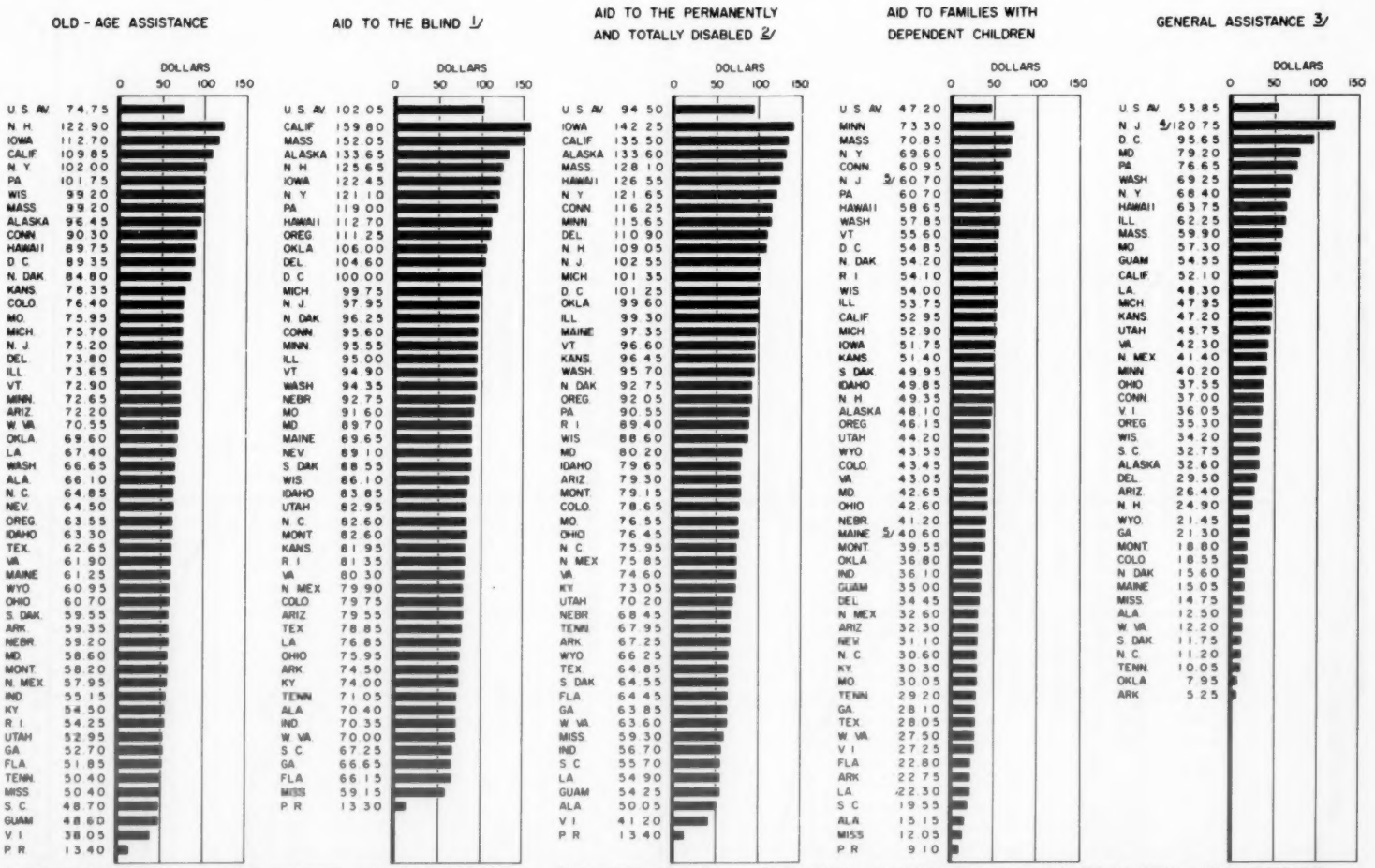
AVERAGE MONTHLY PUBLIC ASSISTANCE MONEY PAYMENT PER RECIPIENT, JUNE 1970



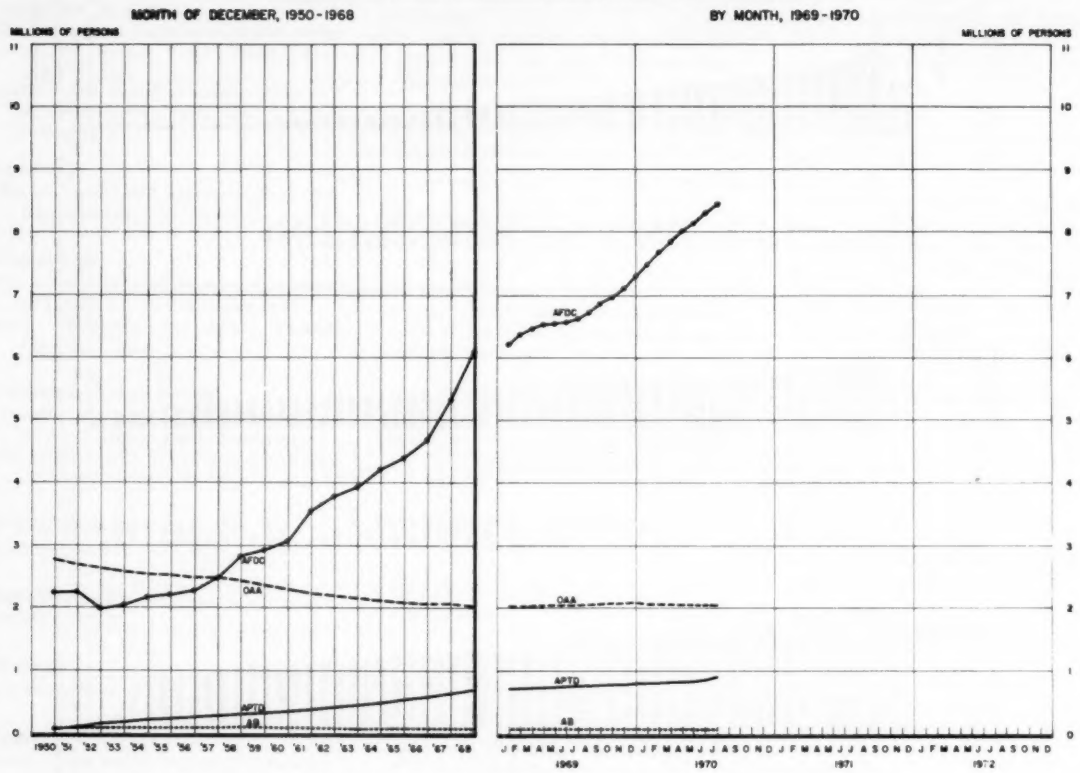
1/ NOT COMPUTED FOR GUAM, VIRGIN ISLANDS, AND WYOMING; FEWER THAN 50 RECIPIENTS IN RHODE ISLAND, TEXAS, AND VERMONT; DATA NOT AVAILABLE

2/ NO PROGRAM FOR NEVADA

3/ NOT COMPUTED FOR FLORIDA, IDAHO, INDIANA, IOWA, KENTUCKY, NEBRASKA, NEVADA, PUERTO RICO, RECIPIENT DATA ESTIMATED

4/ BASED ON DATA INCLUDING AN UNKNOWN NUMBER OF CASES RECEIVING MEDICAL CARE, HOSPITALIZATION, AND BURIAL ONLY, AND TOTAL PAYMENTS FOR THESE SERVICES

RECIPIENTS OF PUBLIC ASSISTANCE MONEY PAYMENTS, 1950 TO DATE


MONTH OF DECEMBER, 1950-1968
MILLIONS OF PERSONS
AFDC
OAA
APTD
AB
1950 '51 '52 '53 '54 '55 '56 '57 '58 '59 '60 '61 '62 '63 '64 '65 '66 '67 '68
BY MONTH, 1969-1970
MILLIONS OF PERSONS
AFDC
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J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D
1969
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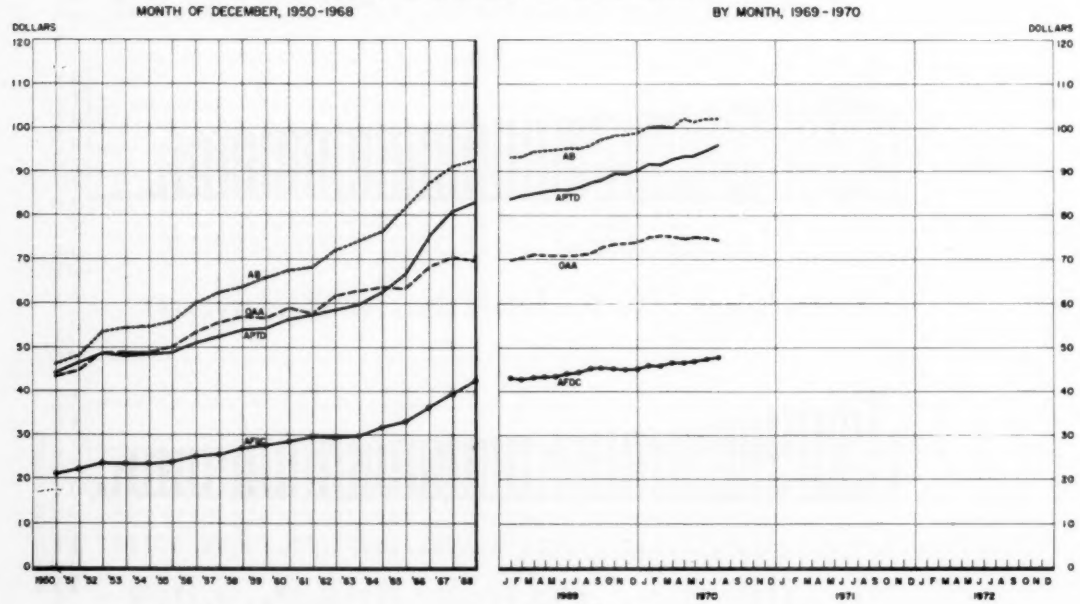
1972

AVERAGE MONEY PAYMENT PER RECIPIENT, 1950 TO DATE


MONTH OF DECEMBER, 1950-1968
DOLLARS
AB
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AFDC
1950 '51 '52 '53 '54 '55 '56 '57 '58 '59 '60 '61 '62 '63 '64 '65 '66 '67 '68
BY MONTH, 1969-1970
DOLLARS
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1969
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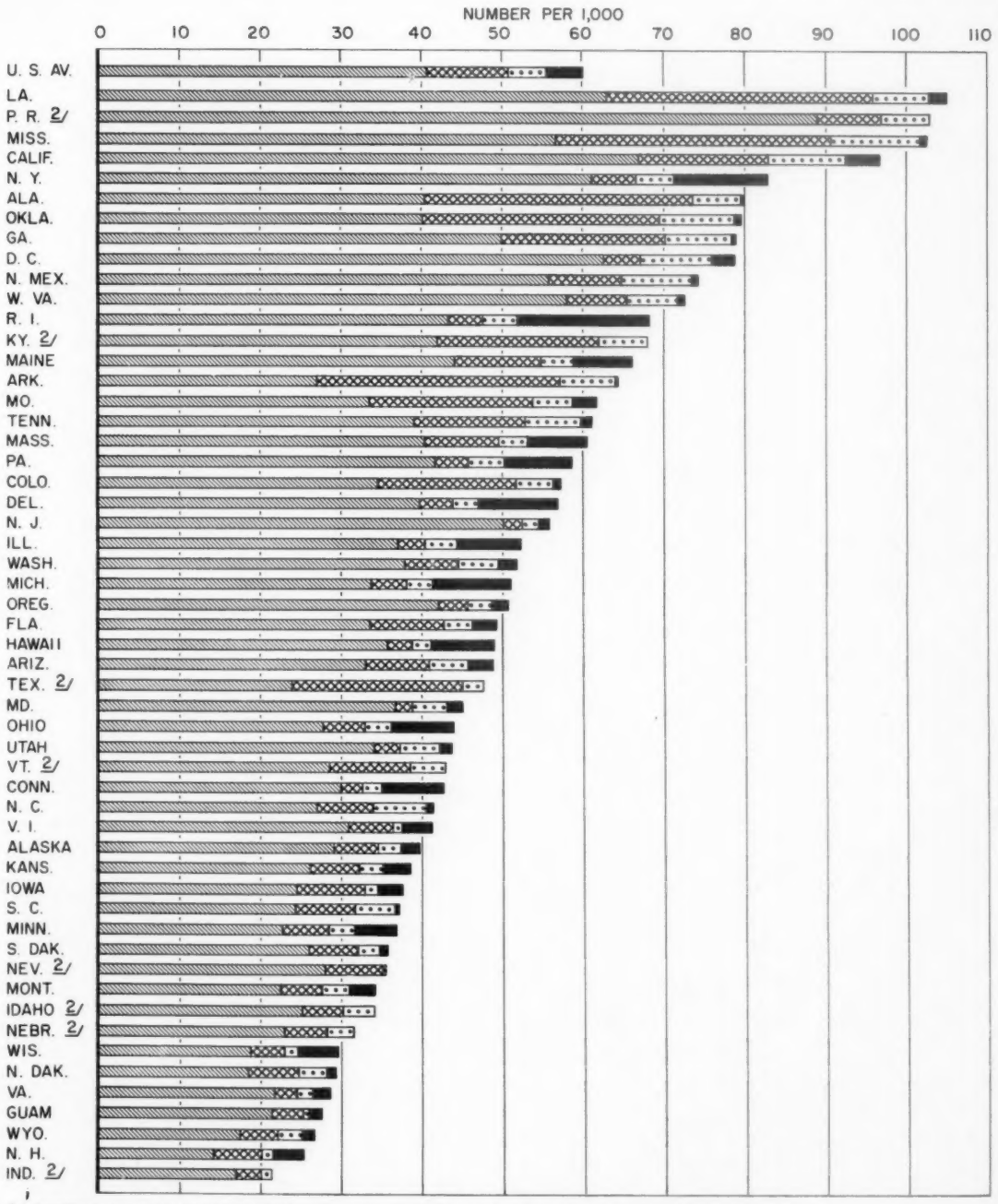
RECIPIENTS OF PUBLIC ASSISTANCE MONEY PAYMENTS PER 1,000 POPULATION 1/ BY STATE, JUNE 1970



1/ BUREAU OF THE CENSUS, 1970 CENSUS OF POPULATION, PRELIMINARY REPORTS, PC (P1).

2/ DATA FOR GENERAL ASSISTANCE NOT AVAILABLE.

Legend: AFDC OAA AB and APTD GA

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